

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:21

DOCUMENT # A03000000196

1. Entity Name  
BUCHNER FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
RT. 17, BOX 2027  
LAKE CITY, FL 32055

Mailing Address  
PO BOX 1925  
LAKE CITY, FL 32056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005

Chg-LP

CR2E003 (10/03)

4. FEI Number

APPLIED FOR 65-1175345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHNER, RONALD T  
~~RT. 17, BOX 2027~~ 635 N.W. RODEO CT  
LAKE CITY, FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$50,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000080108  
NAME SOUND TECHNOLOGY SALES CORPORATION  
STREET ADDRESS RT. 17, BOX 2027  
CITY-ST-ZIP LAKE CITY, FL 32055

STREET ADDRESS 635 N.W. RODEO CT  
CITY-ST-ZIP LAKE CITY FL. 32056

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Bonnie R. Buchner BONNIE R. Buchner

3867527216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE