

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 24 AM 10:39

DOCUMENT # A03000000206

1. Entity Name  
RASMUS HOLDINGS, LLLP



Principal Place of Business  
8299 WOODGROVE ROAD  
JACKSONVILLE, FL 32256

Mailing Address  
8299 WOODGROVE ROAD  
JACKSONVILLE, FL 32256

2. Principal Place of Business

12244 Reedpond Dr. E  
Suite, Apt. #, etc.

3. Mailing Address

12244 Reedpond Dr. E  
Suite, Apt. #, etc.

*AS*



02102005 Chg-LP CR2E003 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

APPLIED FOR 20-0023417

Applied For

Not Applicable

Zip

32223

Country

DUVAL

Zip

32223

Country

DUVAL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT M  
8299 WOODGROVE ROAD  
JACKSONVILLE, FL 32256  
12244 Reedpond Dr E  
32223

7. Name and Address of New Registered Agent

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

*Robert M. Williams*

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

2/12/05

DATE

9. Capital Contributions  
as Shown on record.

\$3,618,658.00

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

DOCUMENT # P03000013440  
NAME RASMUS MANAGEMENT, INC.  
STREET ADDRESS 8299 WOODGROVE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32256

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

*Robert M. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/05

Date

Daytime Phone #

STAPLE CHECK HERE