

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 8:33

DOCUMENT # A03000000514

1. Entity Name
APISDORF FAMILY PARTNERSHIP, LTD.



Principal Place of Business
3844 PRAIRIE DUNES
SARASOTA, FL 34238

Mailing Address
3844 PRAIRIE DUNES
SARASOTA, FL 34238

2. Principal Place of Business
711 JACARANDA BLVD
Suite, Apt. #, etc.

3. Mailing Address
711 JACARANDA BLVD
Suite, Apt. #, etc.

01102005 Chg-LP CR2E003 (10/03)

City & State
VENICE FL
Zip 34292 Country USA

4. FEI Number
41-2092134
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUEBNER, THOMAS F
3844 PRAIRIE DUNES
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
711 JACARANDA BLVD
City VENICE FL Zip Code 34292

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 *Thomas F. Fuebner*

1-10-05

DATE

9. Capital Contributions
as shown on record \$2,000,000.00

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 # L03000010213
NAME APISDORF FAMILY, LLC
STREET ADDRESS 3844 PRAIRIE DUNES
CITY-ST-ZIP SARASOTA, FL 34238

STREET ADDRESS 711 JACARANDA BLVD
CITY-ST-ZIP VENICE, FL 34292

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01/28/05--01010--005 **526.25

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: *Thomas F. Fuebner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-05

Date

Daytime Phone #

941-485-9530

STAPLE CHECK HERE