

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000550

1. Entity Name
ROONEY FAMILY INVESTMENTS, LTD.



Principal Place of Business

3500 GIN LANE
NAPLES, FL 34102

Mailing Address

649 FIFTH AVE SOUTH STE. 206
NAPLES, FL 34102

2. Principal Place of Business

3. Mailing Address

1400 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

04222005

Chg-LP

CR2E003 (10/03)

City & State

City & State

Naples, FL

4. FEI Number

42-1585361

Applied For

Not Applicable

Zip

Country

Zip

Country

34102

USA

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

ROONEY, L F III
3500 GIN LANE
NAPLES, FL 34102

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
as Shown on record.

\$21,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

21,900,000

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 # L03000012043
NAME LFR CAPITAL, LLC
STREET ADDRESS 3500 GIN LANE
CITY-ST-ZIP NAPLES, FL 34102

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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

LFR Capital, LLC

[Signature]

L.F. Rooney,
manager

4-22-05

918-583-6900

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE