

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:12

DOCUMENT # A03000000818

1. Entity Name  
MARY R. LAMAR FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
3611 LAKE DRAWDY DR.  
ORLANDO, FL 32820

Mailing Address  
3611 LAKE DRAWDY DR.  
ORLANDO, FL 32820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05182005 Chg-LP CR2E003 (10/03)

4. FEI Number  
NOT APPLICABLE

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

LAMAR, MARY R  
3611 LAKE DRAWDY DR.  
ORLANDO, FL 32820

Name  
MINEGAR, ESQ., CRAIG A.  
Street Address (P.O. Box Number is Not Acceptable)  
WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
250 PARK AVENUE SOUTH, 5TH FLOOR  
City WINTER PARK FL Zip Code 32789

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]*

5/18/05

Signature, typed or printed name of registered agent and his or her applicable

DATE

9. Capital Contributions as Shown on record \$1,648,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

LAMAR, MARY R  
3611 LAKE DRAWDY DR.  
ORLANDO, FL 32820

STREET ADDRESS  
CITY-ST-ZIP

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06/15/05--01060--024 \*\*\*926.25

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:

*[Signature]*

5/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE