

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**

05 APR 29 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
A



03122005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR 58-2672475**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JERNIGAN, JOE H  
3185 THOMAS DR.  
BONIFAY, FL 32425

**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: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$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**

DOCUMENT # **L03000014008**  
NAME **THE REMINGTON MANAGEMENT GROUP LLC**  
STREET ADDRESS **3185 THOMAS DR.**  
CITY-ST-ZIP **BONIFAY, FL 32425**

DOCUMENT #  
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**300054870193**  
**05/19/05--01090--010 \*\*438.75**

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:**

*Joe H. Jernigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-28-05**

Date

**850 547-5733**

Daytime Phone #

STAPLE CHECK HERE