

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

**FILED**

05 APR 29 PM 5:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A03000000932**

1. Entity Name  
**PAINTED ACRE PARTNERSHIP, LLLP**



Principal Place of Business  
**200 STRAWBERRI LANE  
MELBOURNE BEACH, FL 32951**

Mailing Address  
**200 STRAWBERRI LANE  
MELBOURNE BEACH, FL 32951**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152005 Chg-LP CR2E003 (10/03)

4. FEI Number

**APPLIED FOR**

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

**FOLEY, DONALD E TRUSTEE  
200 STRAWBERRI LANE  
MELBOURNE BEACH, FL 32951**

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. **\$20,000,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FOLEY, DONALD E TRUSTEE  
200 STRAWBERRI LANE  
MELBOURNE BEACH, FL 32951**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FOLEY, VIRGINIA T TRUSTEE  
200 STRAWBERRI LANE  
MELBOURNE BEACH, FL 32951**

STREET ADDRESS  
CITY-ST-ZIP

**500054744865  
05/18/05--01057--001 \*\*535.00**

DOCUMENT #  
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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:

*Virginia Foley, Trustee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Virginia Foley, Trustee*

**04-24-05 (321) 984-8066**

Date

Daytime Phone #

STAPLE CHECK HERE