


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001209 1. Entity Name RUMALYCA, LTD.					
Principal Place of Business 3104 NORTH ARMENIA AVENUE TAMPA, FL 33607			Mailing Address 3104 NORTH ARMENIA AVENUE TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0288188	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LLANEZA-JONES, CAROL J 3104 NORTH ARMENIA AVENUE TAMPA, FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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		
NAME	BAKER, MARY F		CITY-ST-ZIP		
STREET ADDRESS	3320 CARRINGTON STREET		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33611		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUDSON, RUTH L		CITY-ST-ZIP		
STREET ADDRESS	5827 MARINER STREET		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33609		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LLANEZA-JONES, CAROL J		CITY-ST-ZIP		
STREET ADDRESS	5806 MARINER STREET		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33609		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MCKOWN, LYNETTE L		CITY-ST-ZIP		
STREET ADDRESS	4702 LAUREL ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33629		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Carol Jean Llaneza Jones</i>			Date: 4/13/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04082005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-0288188

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

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SIGNATURE: *Carol Jean Llaneza Jones* Date: **4/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #