

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A03000001316

**FILED**  
**Jan 27, 2005**  
**Secretary of State**

**Entity Name:** TRISHA TEN BROECK INSURANCE AGENCY, LTD.

**Current Principal Place of Business:**

622 N FEDERAL HWY  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

622 N FEDERAL HWY  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 20-0200285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TENBROECK, TRISHA  
622 N FEDERAL HWY  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 99.00

**Amount of Capital Contributions in Florida to date:** 99.00

**GENERAL PARTNER INFORMATION:**

Document #: P00000044308  
Name: TRISHA TEN BROECK INSURANCE AGENCY, INC.  
Address: 1946 N.E. 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33431

**ADDRESS CHANGES ONLY:**

Address: 622 N FEDERAL HIGHWAY  
City-St-Zip: BOYNTON BEACH, FL 33435 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TRISHA TENBROECK

GP

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date