

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001355

1. Entity Name
THE M. H. SMITH INVESTMENTS FAMILY LIMITED
PARTNERSHIP



Principal Place of Business
4300 N.W. 81ST TERRACE
CORAL SPRINGS, FL 33065

Mailing Address
4300 N.W. 81ST TERRACE
CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005 Chg-LP CR2E003 (10/03)

4. FEI Number
56-2396397

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

WACHS, JEFFREY S ESQ.
1177 S.E. THRID AVENUE
FT. LAUDERDALE, FL 33316

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. \$5,000.00

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 #		STREET ADDRESS	
NAME	SMITH, MARLENE H	CITY-ST-ZIP	700055656877 06/02/05--01030--011 **141.25
STREET ADDRESS	4300 N.W. 81ST TERRACE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
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CITY-ST-ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

05 MAY 31 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

4/23/05 9543442826