

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -7 AM 10: 03

<b>DOCUMENT # A03000001686</b> 1. Entity Name LOY FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 800 SCALLOP DRIVE CAPE CANAVERAL, FL 32920			Mailing Address 800 SCALLOP DRIVE CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06082005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number 20-0663671	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOY, JOSEPH R 800 SCALLOP DRIVE CAPE CANAVERAL, FL 32920				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$98.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LOY, JOSEPH R		CITY-ST-ZIP		
STREET ADDRESS	800 SCALLOP DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LOY, MERRILEE AMES		CITY-ST-ZIP		
STREET ADDRESS	800 SCALLOP DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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					
<b>SIGNATURE:</b> <i>Joseph R. Loy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>6/8/05</i> Daytime Phone # <i>386-847-6999</i>		

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