

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000001837

1. Entity Name
110 SOUTH MONROE STREET, LTD.



FILED

05 APR 15 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

116 SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

Mailing Address

POST OFFICE BOX 1391
TALLAHASSEE, FL 32302 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01212005

Chg-LP

CR2E003 (10/03)

4. FEI Number
52-2421929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAHL, THOMAS W
116 SOUTH MONROE ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Karen E. Phillips

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

116 S. Monroe St.

City

Tallahassee

FL

Zip Code

32301

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.

Karen E. Phillips

3/4/05

DATE

9. Capital Contributions
as Shown on record. \$990.00

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

DOCUMENT # P03000155939
NAME 110 SOUTH MONROE STREET, INC.
STREET ADDRESS 116 SOUTH MONROE ST
CITY-ST-ZIP TALLAHASSEE, FL 32301

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200050887352
04/15/05-01001-024 **291.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-28-05

Date

850-681-6265

Daytime Phone #

Thomas W. Stahl

STAPLE CHECK HERE