## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2005 Feb 08, 2005 08:00 AM DOCUMENT # A03069 **Secretary of State** 1. Entity Name VERO MAR DEVELOPMENT, LTD. Principal Place of Business ... Mailing Address P.O. BOX 3444 P.O. BOX 3444 VERO BEACH, FL 32964-3444 VERO BEACH, FL 32964-3444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-1527076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADGETT, KENNETH E., SR. Street Address (P.O. Box Number is Not Acceptable) 186 OCEAN WAY P.O. BOX 3444 VERO BEACH, FL 32964-3444 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 little if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$100,000.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME PADGETT, KENNETH E., SR STREET ADDRESS 186 OCEAN WAY CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL DOCUMENT # U00000213992 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-77P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-70P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

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), Fforida 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

Dale

Daylune Phone #

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: