

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED

05 AUG 12 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000003

1. Entity Name  
TOWANDA ENTERPRISES, LLLP



Principal Place of Business  
101 E KENNEDY BLVD, STE 2800  
TAMPA, FL 33602

Mailing Address  
101 E KENNEDY BLVD, STE 2800  
TAMPA, FL 33602



2. Principal Place of Business  
**1207 N. Riverhills Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1207 N. Riverhills Drive**  
Suite, Apt. #, etc.

06302005 Chg-LP CR2E003 (10/03)

City & State  
**Temple Terrace, FL**  
Zip  
**33617**  
Country  
**USA**

City & State  
**Temple Terrace, FL**  
Zip  
**33617**  
Country  
**USA**

4. FEI Number  
**51-0395378**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

GORDON, BRUCE H ESQ  
101 E KENNEDY BLVD, STE 2800  
TAMPA, FL 33602

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions  
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date **\$ 4,000.00**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VIREN, MICHAEL A**  
**1207 N RIVERHILLS DR**  
**TEMPLE TERRACE, FL 33617**

STREET ADDRESS  
CITY-ST-ZIP  
**300058515783**  
**08/12/05 01004-019 \*\*2276.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STROZLER, ANNE L**  
**1207 N RIVERHILLS DR**  
**TEMPLE TERRACE, FL 33617**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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), 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: Michael A. Viren **MICHAEL A. VIREN** 7/14/05 903-933-6267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

X101