

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000041

1. Entity Name
SRB INVESTMENT SERVICES, LLLP



Principal Place of Business
1358 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

Mailing Address
1358 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0681537

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

BEEN, STEPHEN R
1358 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

Name
BEEN, STEPHEN R.

Street Address (P.O. Box Number is Not Acceptable)
3520 THOMASVILLE RD.

STE 200

City
TALLAHASSEE FL Zip Code
32309

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.

04/29/05
DATE

9. Capital Contributions as Shown on record. \$99.90

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 # L04000001960
NAME SRB MANAGEMENT COMPANY, LLC
STREET ADDRESS 1358 THOMASWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

STREET ADDRESS 3520 Thomasville Rd Ste 200
CITY-ST-ZIP Tallahassee, FL 32309

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHASE 37777

04/29/05

Date

678-530-0723

Daytime Phone # x210

STAPLE CHECK HERE