

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 AM 9:08

<b>DOCUMENT # A04000000060</b> 1. Entity Name <b>THE RON AND CINDY OKOLICHANY FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>417 NORTHLAKE DRIVE NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>417 NORTHLAKE DRIVE NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OKOLICHANY, RONALD G 417 NORTHLAKE DRIVE NORTH PALM BEACH, FL 33408</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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		
STREET ADDRESS	OKOLICHANY, RONALD G		CITY-ST-ZIP		
CITY-ST-ZIP	417 NORTHLAKE DRIVE NORTH PALM BEACH, FL 33408				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	OKOLICHANY, CYNTHIA M		CITY-ST-ZIP		
CITY-ST-ZIP	417 NORTHLAKE DRIVE NORTH PALM BEACH, FL 33408				
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STREET ADDRESS			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>			<b>3-29-05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



03292005 Chg-LP CR2E003 (10/03)

4. FEI Number **90-0128125** Applied For Not Applicable

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

**000050092950**  
04/07/05--01008--019 \*\*141.25

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