


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A04000000266			
1. Entity Name TMR HOLDINGS, LLLP			
Principal Place of Business P.O. BOX 1407 STUART, FL 34995		Mailing Address P.O. BOX 1407 STUART, FL 34995	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2005 APR 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01252005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1998156  
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	
JEFFRIES, DAVID M FEE & JEFFRIES, P.A. 101 E KENNEDY BLVD, STE 3000 TAMPA, FL 33602-5884		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. \$3,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$0	04/15/2005
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**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 #	L04000005823	STREET ADDRESS	
NAME	AARONJOE, LLC	CITY - ST - ZIP	
STREET ADDRESS	P.O. BOX 1407		
CITY - ST - ZIP	STUART, FL 34995		
DOCUMENT #		STREET ADDRESS	800054342148
NAME		CITY - ST - ZIP	05/12/05--01077--004 **141.25
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		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: Todd A. Resnick  15 APR 2005 772-781-7723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #