2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A04000000442

1. Entity Name
NASSER FAMILY HOLDINGS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 25 AM 11:04

Principal Place of Business	Mailing Address
4917 HIDDEN OAKS TRAIL SARASOTA, FL 34232	4917 HIDDEN OAKS TRAIL SARASOTA, FL 34232

06282005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1059449 ☐ 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
WALTUCH, ROBERT H 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602	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 the date of acceptance.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$5,000,000.00	$2,780,000.	

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 #	P04000047932	STREET ADDRESS	
NAME	NASSER FAMILY, INC.	CITY-ST-ZIP	
STREET ADDRESS	4917 HIDDEN OAKS TRAIL		
CITY-ST-ZIP	SARASOTA, FL 34232		
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CITY-ST-ZIP			

STAPLE CHECK HERE

*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: Joan D. Nasser June 29 2005 941-371-6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #