

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A04000000609

1. Entity Name
DOUGLAS MANATEE LIMITED PARTNERSHIP



Principal Place of Business
400 PARK AVENUE SOUTH #220
WINTER PARK, FL 32789

Mailing Address
400 PARK AVENUE SOUTH #220
WINTER PARK, FL 32789

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-1297746

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HOEKSEMA, DOUGLAS A
761 PINETREE ROAD
WINTER PARK, FL 32789

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. **\$999.00**

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 # NAME STREET ADDRESS CITY- ST- ZIP	P04000063418 DOUGLAS MANATEE PARTNERS, INC. 400 PARK AVENUE SOUTH #220 WINTER PARK, FL 32789	STREET ADDRESS	
		CITY- ST- ZIP	
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		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)(f), 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]* **4/20/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone 4

STAPLE CHECK HERE