

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 AM 8:48

DOCUMENT # A04000000697 1. Entity Name SMYRNA 95, LTD					
Principal Place of Business 545-7 DELANEY AVE. ORLANDO, FL 32801 US			Mailing Address 545-7 DELANEY AVE. ORLANDO, FL 32801 US		
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		
THIER, CARL C 545-7 DELANEY AVE. ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$100.00		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.	
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 #	P03000107619		STREET ADDRESS	545-7 Delaney Avenue	
NAME	JUPITER USA, INC.		CITY-ST-ZIP	Orlando, FL 32801	
STREET ADDRESS	112 EAST CONCORD STREET				
CITY-ST-ZIP	ORLANDO, FL 32819				
DOCUMENT #	L04000031314		STREET ADDRESS		
NAME	US EURO (EDGEWATER) LLC		CITY-ST-ZIP	600058021640	
STREET ADDRESS	5950 HAZELTINE NATIONAL DRIVE, SUITE 515		01760700 01000-000 **141.25		
CITY-ST-ZIP	ORLANDO, FL 32822				
DOCUMENT #			STREET ADDRESS		
NAME			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: C. Thier			07/18/05 (407) 245-8360		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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