


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 13 AM 9:15

DOCUMENT # A04000000869			
1. Entity Name OLYMPIAN TRIO LIMITED PARTNERSHIP			
Principal Place of Business 4274 DANIELSON DRIVE LAKE WORTH, FL 33467		Mailing Address 4274 DANIELSON DRIVE LAKE WORTH, FL 33467	
2. Principal Place of Business 2287 Statesbury Way Suite, Apt. #, etc.		3. Mailing Address 2287 Statesbury Way Suite, Apt. #, etc.	
City & State WPB, FL		City & State WPB, FL	
Zip 33414		Country Palm Beach	
4. FEI Number 34-1995462		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDEL-HALIM, JAMAL 4274 DANIELSON DRIVE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name: Abdel-Halim Jamal Street Address (P.O. Box Number is Not Acceptable) 2287 Statesbury Way City: WPB, FL Zip Code: 33414	
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 _____			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00	
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 #	NAME	STREET ADDRESS	2287 Statesbury Way
NAME	ABDEL-HALIM, JAMAL	CITY-ST-ZIP	WPB, FL 33414
STREET ADDRESS	4274 DANIELSON DRIVE		
CITY-ST-ZIP	LAKE WORTH, FL 33467		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: <u>Abdel-Halim Jamal</u>		Date: 7/11/05 (561) 9650566	

STAPLE CHECK HERE