

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

DOCUMENT # A04000001023

1. Entity Name

CHUS LAND CO. LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 AM 9:59

Principal Place of Business  
10130 BERTRAM LANE  
FORT MYERS FL 33912

Mailing Address  
10130 BERTRAM LANE  
FORT MYERS FL 33912

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

20-1296300

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

GRAVINA, PETER J  
1833 HENDRY STREET  
FORT MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable

DATE

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions  
as Shown on record.

\$50,000.00

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 # P04000076041  
NAME CHUS LAND CO., INC.  
STREET ADDRESS 10130 BERTRAM LANE  
CITY-ST-ZIP FORT MYERS FL 33912

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

800056029768  
06/10/05--01045--011 \*\*350.00  
800056029768  
06/10/05--01045--012 \*\*88.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE