2005 LIMITED PARTNERSHIP ANNUAL REPORT

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## FILED Due By May 1, 2005 **DOCUMENT # A04000001251** 2005 MAY -6 PM 12: 15 1. Entity Name F.G.S. FAMILY LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Maiting Address 101 N. RIVERSIDE DRIVE, #805 101 N. RIVERSIDE DRIVE, #805 NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4. FEI Number 26~(ろ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAILEY, ROBERT HUR 340 N. CAUSEWAY Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BEACH, FL 32169 City 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 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P04000052104 DOCUMENT # STREET ADDRESS SCARBOROUGH PROPERTY MANAGEMENT, INC. NAME STREET ADDRESS 101 N. RIVERSIDE DRIVE, #805 CITY-ST-ZIP CITY - ST- 7IP NEW SMYRNA BEACH, FL 32169 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500055724385 <del>06/06/05 01005 021 \*\*150.00</del> CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME -STREET AUDRESS CITY-ST-ZIP 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