

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

05 APR 25 PM 3: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02112005 Chg-LP CR2E003 (10/03)

DOCUMENT # A04000001320

1. Entity Name  
RESPIRATORY RESOURCE MANAGEMENT, LLLP



Principal Place of Business  
2085 ANDREA LANE, UNIT 7  
FORT MYERS, FL 33912

Mailing Address  
2085 ANDREA LANE, UNIT 7  
FORT MYERS, FL 33912

2. Principal Place of Business

2085 ANDREA LANE UNIT 7  
Suite, Apt. #, etc.

3. Mailing Address

2085 ANDREA LANE UNIT 7  
Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

4. FEI Number

Applied For

Not Applicable

Zip  
33912

Country  
USA

Zip  
33912

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, ROBERT W  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$2,475.00

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

DOCUMENT # P04000117750  
NAME RESPIRATORY RESOURCE MANAGEMENT, INC.  
STREET ADDRESS 2085 ANDREA LANE, UNIT 7  
CITY-ST-ZIP FORT MYERS, FL 33912

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 700054346037  
05/12/05--01082--027 \*\*141.25

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TIM J. TALTON

04-19-05 239 728 2297

Date Daytime Phone #

STAPLE CHECK HERE