

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000001425

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** PRAXSIS CAPITAL PARTNERS, LTD.

**Current Principal Place of Business:**

5153 BIRCH AVENUE  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5153 BIRCH AVENUE  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 20-1572162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KORDOMENOS, JAMES  
5153 BIRCH AVENUE  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 1,000,000.00

**Amount of Capital Contributions in Florida to date:** 104,245.00

**GENERAL PARTNER INFORMATION:**

Document #: L04000065050  
Name: PRAXSIS CAPITAL MANAGEMENT, LLC  
Address: 5153 BIRCH AVENUE  
City-St-Zip: SARASOTA, FL 34233

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PRAXSIS CAPITAL MANAGEMENT, LLC

GP

04/18/2005

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date