



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001464</b> 1. Entity Name <b>9 SONS RISING, LTD.</b>					
Principal Place of Business <b>4309 PABLO OAKS COURT, SUITE 5</b> <b>JACKSONVILLE, FL 32224</b>			Mailing Address <b>4309 PABLO OAKS COURT, SUITE 5</b> <b>JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01262005    Chg-LP    CR2E003 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number					
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HENDERSON KEASLER LAW FIRM, P.A.</b> <b>4309 PABLO OAKS COURT, SUITE 5</b> <b>JACKSONVILLE, FL 32224</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE _____		
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,200</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P04000128485</b> <b>9 SONS RISING MANAGEMENT, INC.</b> <b>4309 PABLO OAKS COURT, SUITE 5</b> <b>JACKSONVILLE, FL 32224</b>		STREET ADDRESS  CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b> <u>Julie M. Bondura</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <u>Julie M. Bondura, President</u>			<u>4/10/05</u> <u>(814) 430-7881</u> <small>Date    Daytime Phone #</small>		

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