

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JUN 20 AM 9:25

**DOCUMENT # A04000001488**

1. Entity Name  
 S & S FAMILY ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business  
 11767 S. DIXIE HIGHWAY, #102  
 PINECREST, FL 33156

Mailing Address  
 11767 S. DIXIE HIGHWAY, #102  
 PINECREST, FL 33156

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03312005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 20-1715246

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TRESCOTT DRUCKER VASALLO PL  
 2605 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. \$990.00

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 #	L04000050035	STREET ADDRESS	
NAME	S & S FAMILY INVESTMENTS LLC	CITY-ST-ZIP	04/26/05--80040--006--\$141.25
STREET ADDRESS	11767 S. DIXIE HIGHWAY, #102		
CITY-ST-ZIP	PINECREST, FL 33156		
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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: Margaret Wone Darnah 9/8/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE