


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 23 AM 8:35

<b>DOCUMENT # A04000001527</b> 1. Entity Name MYRTLE ISLAND CATTLE, LTD.					
Principal Place of Business 1590 SW 28TH ST. OKEECHOBEE, FL 34974			Mailing Address 1590 SW 28TH ST. OKEECHOBEE, FL 34974		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222005    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>20-1742634</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WISE-DENNIS, FREIDA M 1590 SW28TH ST. OKEECHOBEE, FL 34974			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>#0.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WISE-DENNIS, FREIDA M		CITY-ST-ZIP		
STREET ADDRESS	1590 SW 28TH ST.				
CITY-ST-ZIP	OKEECHOBEE, FL 34974				
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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 <u>Freida B. Wise-Dennis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>4-29-05</u> <small>Daytime Phone #</small>		

STAPLE CHECK HERE