

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 14 AM 9:48

DOCUMENT # A04000001580

1. Entity Name
GLENN AND DONNA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
20518 GORDEN HILL LANE S
HILLIARD, FL 32046

Mailing Address
20518 GORDEN HILL LANE S
HILLIARD, FL 32046

20518 Gordon Hill

2. Principal Place of Business Lane S

3. Mailing Address

Suite, Apt., #, etc.

Hill and 71

Suite, Apt., #, etc.

07052005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

41-2146770

Applied For

Not Applicable

Zip

32046

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN ALLEN DAVIS
20518 GORDEN HILL LANE S
HILLIARD, FL 32046

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. \$400.00

10. Amount of Capital Contributions
in FLORIDA to date. 400.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

GLENN ALLEN DAVIS
20518 GORDEN HILL LANE S
HILLIARD, FL 32046

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DONNA LYNN DAVIS
20518 GORDEN HILL LANE S
HILLIARD, FL 32046

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

SIGNATURE:

Donna Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-5-05-904-8794816

Date

Daytime Phone #

STAPLE CHECK HERE