

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


**Due By May 1, 2005**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

|   |                      |   |  |   |  |
|---|----------------------|---|--|---|--|
| <b>DOCUMENT # A04000001783</b><br>1. Entity Name<br><b>THE FULLER FF LIMITED PARTNERSHIP</b>  |                      |   |  |  |  |
| Principal Place of Business<br><b>5842 PADDINGTON WAY<br/>BOCA RATON, FL 33496</b>  |                      |   | Mailing Address<br><b>5842 PADDINGTON WAY<br/>BOCA RATON, FL 33496</b>   |   |  |
| 2. Principal Place of Business  |                      | 3. Mailing Address                                      |  |   |  |
| Suite, Apt. #, etc.   |                      | Suite, Apt. #, etc.                                     |  |   |  |
| City & State  |                      | City & State  |  |   |  |
| Zip   | Country              | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |                      |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>FULLER, WILLIAM T JR<br/>5842 PADDINGTON WAY<br/>BOCA RATON, FL 33496</b>  |                      |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                      |   |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$407,183.00</b>  |                      | 10. Amount of Capital Contributions in FLORIDA to date. |  | <b>\$526.25</b>   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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   |   |  |
| STREET ADDRESS  | 5842 PADDINGTON WAY  |   | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP   | BOCA RATON, FL 33496 |   | STREET ADDRESS   |   |  |
| DOCUMENT #  | NAME                 |   | CITY-ST-ZIP  |   |  |
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| STREET ADDRESS  |                      |   | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP   |                      |   | STREET ADDRESS   |   |  |
| 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: <i>William T. Fuller, Jr.</i>  |                      |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |   |  |
|   |                      |   | Date   |   |  |
|   |                      |   | Daytime Phone #  |   |  |

STAPLE CHECK HERE

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