


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A04000001848</b>	
1. Entity Name <b>THE CAPLIVSKI INVESTMENTS LIMITED PARTNERSHIP</b>	


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 14 AM 9:54

Principal Place of Business <b>2131 NE 32ND AVENUE FT. LAUDERDALE FL 33305</b>	Mailing Address <b>2131 NE 32ND AVENUE FT. LAUDERDALE FL 33305</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*[Handwritten initials]*



1ST MOORE CR2E003 (10/04)

4. FEI Number	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>WACHS, JEFFREY S ESQ. 1177 SE 3RD AVENUE FT. LAUDERDALE FL 33316</b>	

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

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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	
NAME	<b>CAPLIVSKI, ABRAHAM</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2131 NE 32ND AVENUE</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>CAPLIVSKI, GERTRUDE L</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2131 NE 32ND AVENUE</b>		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>		
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CITY-ST-ZIP			

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**03/22/05--01018--011 \*\*141.25**

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:** *[Handwritten Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *G. I. de Caplivski*

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE