

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001862

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** KRISTEN OTTO FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

11353 EMUNESS ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11353 EMUNESS ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 20-2732084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OTTO, SCOTT WILLARD  
11353 EMUNESS ROAD  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 40.00

**Amount of Capital Contributions in Florida to date:** 40.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: OTTO, SCOTT WILLARD  
Address: 11353 EMUNESS ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Document #:

Name: OTTO, BRENDA GAIL  
Address: 11353 EMUNESS ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** SCOTT W OTTO

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/25/2005

\_\_\_\_\_  
Date