


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------|---------------------------|--|---|--|
| DOCUMENT # A04258 1. Entity Name DON CARTER LANES OF FLORIDA, LIMITED | | | |  | |
| Principal Place of Business 8501 N. UNIVERSITY DRIVE TAMARAC, FL 33313 | | | Mailing Address 1389 N.W. 136TH AVE. SUNRISE, FL 33313 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. _____ | | Suite, Apt. #, etc. _____ | | | |
| City & State _____ | | City & State _____ | | | |
| Zip _____ | Country _____ | Zip _____ | Country _____ | 4. FEI Number 59-1579106 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| STRICKROOT, JOHN C. FIFTH FLOOR, CITY NATIONAL BANK BUILDING 25 WEST FLAGLER STREET MIAMI, FL 33130 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$560,000.00 | | | 10. Amount of Capital Contributions in FLORIDA to date \$560,000 | | |
| 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 | POWELL, JOHN JR. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 6639 EMBASSY COURT | | | | |
| CITY - ST - ZIP | MAUMEE, OH | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | ROSE, BURTON | | CITY - ST - ZIP | | |
| STREET ADDRESS | 5580 MONROE ST. | | | | |
| CITY - ST - ZIP | SYLVANIA, OH | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | ISAN, JERRY | | CITY - ST - ZIP | | |
| STREET ADDRESS | 2420 NE 27TH ST | | | | |
| CITY - ST - ZIP | LIGHTHOUSE POINT, FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
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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)(f), 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>X Jerry Isan</i> | | | Jerry Isan X 4-27-05 (954) 846-8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | |

STAPLE CHECK HERE



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1579106 Applied For Not Applicable

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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