

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

DOCUMENT # A05000000027

1. Entity Name

SIMONS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

3864 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address

3864 SHERIDAN STREET
HOLLYWOOD FL 33021

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

56-2430138

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

SIMONS, DAVID J ESQ
3864 SHERIDAN STREET
HOLLYWOOD FL 33021

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.

\$1,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # P02000118368
NAME HANDI-SIM, INC.
STREET ADDRESS 3864 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200054259812
05/11/05--01004--010 **\$26.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Jerome A. Simons
JEROME A. SIMONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 19, 2005

Date

(954) 963-2225

Daytime Phone #

STAPLE CHECK HERE