


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # A08755 1. Entity Name REYNOLDS PROPERTIES, LTD.					
Principal Place of Business 521 LAKE FRANCIS RD. LAKE PLACID, FL 33852			Mailing Address 521 LAKE FRANCIS RD. LAKE PLACID, FL 33852		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1994951	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYNOLDS, CHARLES 80 BEAR POINT LANE LAKE PLACID, FL				7. Name and Address of New Registered Agent 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 the if applicable.</small>					
9. Capital Contributions as Shown on record. \$166,060.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	REYNOLDS, CHARLES JR.		CITY-ST-ZIP		
STREET ADDRESS	80 BEAR POINT LANE				
CITY-ST-ZIP	LAKE PLACID, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BULLARD REYNOLDS, BARBARA		CITY-ST-ZIP		
STREET ADDRESS	112 BODENHAM RD.				
CITY-ST-ZIP	LAKE PLACID, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	REYNOLDS, TERRY L		CITY-ST-ZIP		
STREET ADDRESS	106 BODENHAM RD.				
CITY-ST-ZIP	LAKE PLACID, FL				
DOCUMENT #	NAME		STREET ADDRESS		
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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: <i>Barbara Bullard</i> BARBARA Bullard			Date 1-5-05		Daytime Phone # 863 465-1700

STAPLE CHECK HERE