

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A13226

1. Entity Name
GALAXY, LTD.



FILED
2005 APR 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4820 HIGEL AVE
SARASOTA, FL 34242

Mailing Address
4820 HIGEL AVE
SARASOTA, FL 34242



01102005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

7333 Fox Trotting Rd
Suite, Apt. #, etc.

3. Mailing Address

7333 Fox Trotting Rd
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2223337

Applied For

Not Applicable

Zip

34241

Country

USA

Zip

34241

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWE, WILLARD
4820 HIGEL AVE
SARASOTA, FL 34242

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.

\$83,860.00

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

DOCUMENT #

F66030

NAME

APOGEE ASSOCIATES, INC.

STREET ADDRESS

4820 HIGEL AVE

CITY-ST-ZIP

SARASOTA, FL 34242

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7333 Fox Trotting Rd

CITY-ST-ZIP

SARASOTA, FL 34241

DOCUMENT #

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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:

W. Willard Howe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/05

Date

941-921-6464

Daytime Phone #

STAPLE CHECK HERE