

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A14955

1. Entity Name
CAMBRIDGE SQUARE OF HOLLYWOOD ASSOCIATES, A
LIMITED PARTNERSHIP



FILED

2005 MAR -7 P 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 40177
INDIANAPOLIS, IN 46240

Mailing Address
P.O. BOX 40177
INDIANAPOLIS, IN 46240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212005

Chg-LP

CR2E003 (10/03)

4. FEI Number

35-1571183

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

KARNS, LARRY A
7332 NW FIFTH ST
PLANTATION, FL 33317

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.

\$0.00

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

CITY-ST-ZIP

SMITH, ANITA S

~~8330 WOODFIELD CROSSING BLVD, STE 200~~

INDIANAPOLIS, IN 46240

STREET ADDRESS

CITY-ST-ZIP

8425 Woodfield Crossing Blvd, Ste 300W

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BISESI, JAMES T

8617 SEAWARD LANE

INDIANAPOLIS, IN 46256

STREET ADDRESS

CITY-ST-ZIP

300048121478

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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)(l), 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:

Anita S. Smith

Anita S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/05

Date

317-469-0400

Daytime Phone #

STAPLE CHECK HERE