

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A16791	
1. Entity Name ORLANDO TRANSPORTATION, LTD.	



Principal Place of Business 221 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	Mailing Address P.O. BOX 950 FORT LAUDERDALE, FL 33302-0950
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2397891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BATTLE, SAMUEL F 221 W. OAKLAND PARK BLVD. FT LAUDERDALE, FL 33311

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,900.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P94000087437	STREET ADDRESS	
NAME	CAPITAL TRANSPORTATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	221 W. OAKLAND PARK BLVD.		
CITY-ST-ZIP	OAKLAND PARK, FL 333111757		
DOCUMENT #		STREET ADDRESS	000000362931
NAME		CITY-ST-ZIP	05/05/05-00132-012 141 25
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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: Jesse P. Gaddis **JESSE P. GADDIS** 4/8/05 (954) 565-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE