

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A16813**

1. Entity Name  
**SALTY APPROACH LIMITED PARTNERSHIP**



Principal Place of Business  
 4346 HIDDEN RIVER RD.  
 SARASOTA, FL 34240

Mailing Address  
 4346 HIDDEN RIVER RD.  
 SARASOTA, FL 34240



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2421177

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FETT, HAROLD J.  
 4346 HIDDEN RIVER RD.  
 SARASOTA, FL, FL 34240

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. **\$450,000.00**

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 # F28801  
 NAME NORTH CAPTIVA AIR, INC.  
 STREET ADDRESS 4346 HIDDEN RIVER RD.  
 CITY-ST-ZIP SARASOTA, FL 34240

STREET ADDRESS

CITY-ST-ZIP

05/16/05-80007-004 526.25

DOCUMENT #  
 NAME  
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 CITY-ST-ZIP

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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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/05

941-371-0165

Date

Daytime Phone #

STAPLE CHECK HERE