



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:41

DOCUMENT # A17842					
1. Entity Name GARY WAKSTEIN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 204-A ELLAN LANE PANAMA CITY, FL 32408-5830			Mailing Address 204-A ELLEN LANE PANAMA CITY, FL 32408-5830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2438156 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WAKSTEIN, GARY 119 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$950.00		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	WAKSTEIN, GARY		CITY-ST-ZIP		
STREET ADDRESS	204-A ELLEN LANE				
CITY-ST-ZIP	PANAMA CITY BCH., FL 32408				
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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: 			Date: 3/22/05		Daytime Phone #: 850-234-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



03222005 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State FL	Zip Code

400049888004
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