

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A18185		
1. Entity Name PATRONIS BROTHERS ENTERPRISES LIMITED PARTNERSHIP		

Principal Place of Business 5551 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407	Mailing Address 5551 NORTH LAGOON DRIVE PANAMA CITY BEACH, FL 32407
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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



04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1196053	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATRONIS, JIMMY T. 5551 N. LAGOON DR. PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

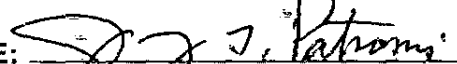
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable.

9. Capital Contributions as Shown on record. \$1,721,724.00	10. Amount of Capital Contributions in FLORIDA to date. 1,721,724.00
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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 #	PATRONIS, JIMMY T.	STREET ADDRESS	001000365509
NAME	3144 N KINGS DRIVE	CITY-ST-ZIP	05/11/05-80004-015 526.25
STREET ADDRESS	PANAMA CITY, FL		
CITY-ST-ZIP			
DOCUMENT #	PATRONIS, JOHNNY T.	STREET ADDRESS	
NAME	3613 DELWOOD DRIVE	CITY-ST-ZIP	
STREET ADDRESS	PANAMA CITY, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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: 	4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jimmy T. Patronis	

STAPLE CHECK HERE