

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A19622 1. Entity Name SEABREEZE ASSOCIATES, LIMITED PARTNERSHIP					
Principal Place of Business 537 MARKET STREET SUITE 25 CHATTANOOGA, TN 37402			Mailing Address C/O OLAN MILLS, INC. 4325 AMNICOLA HWY. ATTN OJT LAND MGMT INC CHATTANOOGA, TN 37422		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-LP CR2E003 (10/03)	
4. FEI Number 62-1227417				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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. \$300,990.00		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 #	F95000001437		STREET ADDRESS		
NAME	O.J.T. LAND MANAGEMENT CO., INC.		CITY-ST-ZIP		
STREET ADDRESS	537 MARKET STREET, SUITE 25			U00000361794 05/05/05-20029-012 526.25	
CITY-ST-ZIP	CHATTANOOGA, TN 37402		CITY-ST-ZIP		
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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: <i>Janita Love</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/22/05 (423) 634-5002 Date Daytime Phone #		

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