

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

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22584**

**1. Entity Name**  
**RECKER PARTNERS, LIMITED**



**Principal Place of Business**  
**1025 OLEANDER ST.**  
**LAKELAND, FL 33801**

**Mailing Address**  
**1025 OLEANDER ST.**  
**LAKELAND, FL 33801**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005

Chg-LP

CR2E003 (10/03)

**4. FEI Number**

**59-2792892**

Applied For

Not Applicable

**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**

**NOEL, BERNIE**  
**1829 GARY ROAD**  
**LAKELAND, FL 33801**

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. **\$100.00**

**10. Amount of Capital Contributions**  
 in FLORIDA to date.

**\$100.00**

**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** **WELCH, TIMOTHY J.**  
**STREET ADDRESS** **1025 OLEANDER STREET**  
**CITY-ST-ZIP** **LAKELAND, FL**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME** **NOEL, BERNIE**  
**STREET ADDRESS** **1829 GARY RD.**  
**CITY-ST-ZIP** **LAKELAND, FL**

STREET ADDRESS

CITY-ST-ZIP

**DOCUMENT #**  
**NAME**  
**STREET ADDRESS**  
**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE