

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A22980

1. Entity Name
FELLSMERE INVESTORS, LTD.



Principal Place of Business

**215 BAYTREE DR
 STE 1
 MELBOURNE, FL 32940**

Mailing Address

**215 BAYTREE DR
 STE 1
 MELBOURNE, FL 32940**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2796648

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH H. GLOVER
 215 BAYTREE DR
 STE 1
 MELBOURNE, FL 32940**

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.

\$112,500.00

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 # **H13781**
 NAME **FELLSMERE DEV. CORP. INC**
 STREET ADDRESS **410 N. WICKHAM RD., #200**
 CITY - ST - ZIP **MELBOURNE, FL**

STREET ADDRESS

CITY - ST - ZIP

000000273945
03/23/05-80147-020 526.25

DOCUMENT #
 NAME **GLOVER, JOSEPH H.**
 STREET ADDRESS **3109 S. MAIN STREET**
 CITY - ST - ZIP **MELBOURNE, FL**

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-11-2005 321-255-0088

Date

Daytime Phone #

STAPLE CHECK HERE