


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A23020		
1. Entity Name THE BRADSHAW FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 22051 N. O'BRIEN ROAD HOWEY-IN-THE HILLS, FL 34737	Mailing Address P.O. BOX 547853 ORLANDO, FL 32854-7853
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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

6. Name and Address of Current Registered Agent	
BRADSHAW, CHARLES E., JR. 22051 N. O'BRIEN RD HOWEY-IN-THE-HILLS, FL 34731	

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.

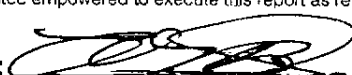
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #		STREET ADDRESS	
NAME	BRADSHAW, CHARLES E. JR.	CITY - ST - ZIP	
STREET ADDRESS	22051 O'BRIEN ROAD		
CITY - ST - ZIP	HOWEY-IN-THE-HILLS, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 



01312005 Chg-LP CR2E003 (10/03)
4. FEI Number **59-2803567** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000247651
03/01/05-80032-014-141-25