

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

03/29/05 05 MAR 29 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0002539 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BARNES, JOSEPH B.  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE, FL 33308

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
02/28/05--01067--017 \*\*526.25  
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: \$12,520.00

10. Amount of Capital Contributions  
In FLORIDA to date: \$12,520.00

**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

DOCUMENT # S96087  
NAME SOMAD INVESTMENT COMPANY  
STREET ADDRESS 2929 E. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE, FL

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 100047395941  
CITY-ST-ZIP 02/28/05--01067--017 \*\*526.25  
176.39

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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: Viki O. O'Neil - VP Somad Investment Co. 2/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE