

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24843**

1. Entity Name

ORANGE CITY VENTURE, LTD.



Principal Place of Business

6355 METRO WEST BLVD., SUITE 330  
ORLANDO FL 32835

Mailing Address

6355 METRO WEST BLVD., SUITE 330  
ORLANDO FL 32835

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country



1ST MOORE

CR2E003 (10/04)

4. FEI Number

59-2681810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSSMAN, NANCY A.  
6355 METRO WEST BLVD., SUITE 330  
ORLANDO FL 32835

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

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

DATE

9. Capital Contributions  
as Shown on record

\$413,423.12

10. Amount of Capital Contributions  
in FLORIDA to date

100.00

**FILE NOW!!! Due by May 1, 2005.**

See Block 11 instructions for fee info.

**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 # J38149  
NAME CENTRECORP, INC.  
STREET ADDRESS 6355 METRO WEST BLVD., SUITE 330  
CITY-ST-ZIP ORLANDO FL 32835

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000000363902  
05/06/05-80019-004 141.25

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

Nancy A. Rossman, Pres

4-17-05

Date

**407-523-2323**

Daytime Phone #

STAPLE CHECK HERE