

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:01

DOCUMENT # A25692

1. Entity Name
POST OFFICE ASSOCIATES, LTD.



Principal Place of Business
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

Mailing Address
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0023883 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

OLIVIERI, N.J.
200 S. WASHINGTON BLVD., SUITE 8
SARASOTA, FL 34236

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. \$46,000.00 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 #	NAME	STREET ADDRESS	
NAME	OLIVIERI, N.J.	CITY-ST-ZIP	
STREET ADDRESS	200 S. WASHINGTON BLVD., SUITE 8		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	A96000002481	CITY-ST-ZIP	
STREET ADDRESS	BAND FAMILY PARTNERSHIP, LTD		
CITY-ST-ZIP	240 S. PINEAPPLE AVENUE, 10TH FLOOR		
	SARASOTA, FL 34236		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 3/25/05 941 365-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE