

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A27143

1. Entity Name
PICERNE WEST PALM PARTNERS, LTD.



Principal Place of Business
**247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**ATTN: ROBERT M. PICERNE
247 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

05-0441442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FILDES, RICHARD J ESQ.
% LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 N. EOLA DRIVE
ORLANDO, FL 32801**

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. **\$490.00**

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

DOCUMENT # **P98000078906**
NAME **PICERNE WEST PALM BEACH DEVELOPMENT, INC.**
STREET ADDRESS **247 N. WESTMONTE DR.**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**1100000365766
05/11/05-80016-004 141.25**

DOCUMENT #
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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)(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.

PICERNE WEST PALM BEACH DEVELOPMENT, INC., A FLORIDA CORPORATION

SIGNATURE: BY: *Robert M. Picerne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/20/05**

Daytime Phone #

ROBERT M. PICERNE, PRESIDENT

STAPLE CHECK HERE