


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 30 AM 10:44

<b>DOCUMENT # A27249</b> 1. Entity Name <b>S.B.S. OF GAINESVILLE, A FLORIDA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>P.O. BOX 5278 GAINESVILLE, FL 32602</b>			Mailing Address <b>P.O. BOX 5278 GAINESVILLE, FL 32602</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2957064</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>CARPENTER, RONALD 4127 NW 27TH LANE GAINESVILLE, FL 32606</b>				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 <u><i>G.T. Mallini</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$8,700.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>8,700.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K35600		STREET ADDRESS		
NAME	SOUTHERN BLDG STRUCTURES		CITY-ST-ZIP		
STREET ADDRESS	4127 NW 27TH LANE				
CITY-ST-ZIP	GAINESVILLE, FL 32606				
DOCUMENT #			STREET ADDRESS		
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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: <u><i>G.T. Mallini</i></u>			<u>G.T. Mallini</u> 3/24/05      352 3764939 <small>Signature and Typed or Printed Name of Signing General Partner      Date      Daytime Phone #</small>		

STAPLE CHECK HERE