

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29498**

1. Entity Name  
**GOOLSBY LIMITED PARTNERSHIP**



Principal Place of Business  
 10501 MCMULLEN ROAD  
 RIVERVIEW, FL 33569

Mailing Address  
 11501 BOYETTE RD.  
 RIVERVIEW, FL 33569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 59-2988115

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

FRAZIER, NORMA GOOLSBY  
 10501 MCMULLEN ROAD  
 RIVERVIEW, FL 33569

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. \$190,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date. \$4,000.00

\$141.25

**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 FRAZIER, NORMA GOOLSBY  
 STREET ADDRESS 10501 MCMULLEN ROAD  
 CITY-ST-ZIP RIVERVIEW, FL

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME GOOLSBY, MILDRED ALVA  
 STREET ADDRESS 11709 BOYETTE RD.  
 CITY-ST-ZIP RIVERVIEW, FL

STREET ADDRESS  
 CITY-ST-ZIP

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)(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:

*Norma Goolsby Frazier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/05

813-677-1520

Date

Daytime Phone #

STAPLE CHECK HERE