

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:49

DOCUMENT # A30974

1. Entity Name
LAGNIAPPE GROUP, LTD.



Principal Place of Business
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309

Mailing Address
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3042686

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

LEWIS, CAROL G
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309
32309

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

Carol G Lewis

March 1, 2005

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

DATE

9. Capital Contributions
as Shown on record.

\$498,670.00

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
CITY-ST-ZIP
LEWIS, CAROL G
5300 BRADFORDVILLE ROAD
TALLAHASSEE, FL 32309

STREET ADDRESS

CITY-ST-ZIP

100048498481

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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: *Carol G Lewis* CAROL G. LEWIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

850 893-0677

STAPLE CHECK HERE