

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 8:59

DOCUMENT # A31577

1. Entity Name
THE STEIN FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
130 COUSLEY DR., SE
PORT CHARLOTTE, FL 33952

Mailing Address
130 COUSLEY DR., SE
PORT CHARLOTTE, FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0263088

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

STEIN, JACOB
130 COUSLEY DR., SE
PORT CHARLOTTE, FL 33952

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

Jacob Stein

DATE

9. Capital Contributions
as Shown on record.

\$586,193.00

10. Amount of Capital Contributions
in FLORIDA to date.

503,106

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
STEIN, JACOB

STREET ADDRESS

130 COUSLEY DR., SE

CITY-ST-ZIP

PORT CHARLOTTE, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME
STEIN, RUTH R

Deceased

STREET ADDRESS

130 COUSLEY DR., SE

CITY-ST-ZIP

PORT CHARLOTTE, FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME

STREET ADDRESS

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:

Jacob Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

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