

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED

2005 MAY -6 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A32412

1. Entity Name
FLETCHER FAMILY PARTNERSHIP, LLLP



Principal Place of Business
3966 AIRWAY CIRCLE
CLEARWATER, FL 33762

Mailing Address
3966 AIRWAY CIRCLE
CLEARWATER, FL 33762



2. Principal Place of Business

95 EAST LAKE ROAD
Suite, Apt. #, etc.

3. Mailing Address

95 EAST LAKE ROAD
Suite, Apt. #, etc.

05032005 Chg-LP CR2E003 (10/03)

City & State

SEAFORD, NY
Zip 13152 Country USA

City & State

SEAFORD, NY
Zip 13152 Country USA

4. FEI Number
59-3102979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, ROBERT K
3966 AIRWAY CIRCLE
CLEARWATER, FL 34622

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

361 GILCHRIST AVE

City BOCA GRANDE

FL

Zip Code 33921

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.

100055720931

06/03/05--01059--006 **526.25

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$150,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #
NAME FLETCHER, ROBERT K TRUSTEE
STREET ADDRESS 3966 AIRWAY CIRCLE
CITY-ST-ZIP CLEARWATER, FL 33762

13. ADDRESS CHANGES ONLY

STREET ADDRESS 361 GILCHRIST AVE
CITY-ST-ZIP BOCA GRANDE FL 33921

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

4/30/05 (315) 451-6167