


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

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A32740

1. Entity Name
THE VEROLA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**135 ANCHOR DR
VERO BEACH, FL 32963**

Mailing Address
**135 ANCHOR DR
VERO BEACH, FL 32963**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03222005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-0333949

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

**VEROLA, MARINA E.
135 ANCHOR DR
VERO BEACH, FL 32963**

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

9. Capital Contributions as Shown on record. **\$98,010.00**

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	P96000085409 ANCHOR GROUP USA, INC. 135 ANCHOR DRIVE VERO BEACH, FL 32963	STREET ADDRESS	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/15/05 7722319793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #