

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A32881

1. Entity Name
MIMEX LIMITED PARTNERSHIP



Principal Place of Business
**2425 ROAT DRIVE
 ORLANDO, FL 32835**

Mailing Address
**P.O. BOX 422557
 KISSIMMEE, FL 34742-2557 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3102255

Applied For

Not Applicable

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

**BUIKEMA, KENNETH E.
 2425 ROAT DR
 ORLANDO, FL 32835**

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.

\$7,500.00

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

**BUIKEMA, KENNETH E.
 2425 ROAT DR.
 ORLANDO, FL**

STREET ADDRESS
 CITY-ST-ZIP

000000369423
 06/10/05-80006-016 141.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**NUGENT, CYNTHIA
 2425 ROAT DR..
 ORLANDO, FL**

STREET ADDRESS
 CITY-ST-ZIP

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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:

Cynthia Nugent **CYNTHIA NUGENT**

4/21/05 407-578-6189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE