

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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000251**

1. Entity Name  
**THE JIMMY APRILE FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**15636 MORNING DRIVE**  
**LUTZ, FL 33549**

Mailing Address  
**15636 MORNING DRIVE**  
**LUTZ, FL 33549**

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

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

City & State

Zip Country

04102005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3173508**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**APRILE, JIMMY V**  
**15636 MORNING DRIVE**  
**LUTZ, FL 33559**

**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, **\$5,000.00**

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**

DOCUMENT #	<b>APRILE, JIMMY V</b> <b>15636 MORNING DRIVE</b> <b>LUTZ, FL 33549</b>
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

000000513760  
 04/18/05-80137-011 141.25

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