



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A93000000269 1. Entity Name SOLOMON MACHINERY, LTD.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">2005 MAR -7 P 1:56</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 17160 GRAND BAY DRIVE BOCA RATON, FL 33496				Mailing Address 17160 GRAND BAY DRIVE BOCA RATON, FL 33496			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent SOLOMON, DORIS 17160 GRAND BAY DRIVE BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;"><small>DATE</small></div>							
9. Capital Contributions as Shown on record. \$900.00				10. Amount of Capital Contributions in FLORIDA to date. \$141.25			
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 #	P93000016235			STREET ADDRESS			
NAME	RODOSO, INC.			CITY-ST-ZIP			
STREET ADDRESS	17160 GRAND BAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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CITY-ST-ZIP				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: <i>Doris Solomon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DORIS SOLOMON, PRESIDENT				Date: <i>Feb 14, 2005</i> Daytime Phone #: <i>561-241-6294</i>			

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