


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000962					
1. Entity Name 34TH STREET PARTNERSHIP, LTD.					
Principal Place of Business 2100 W. BEACH DRIVE Y-204 PANAMA CITY FL 32401			Mailing Address 2100 W. BEACH DRIVE Y-204 PANAMA CITY FL 32401		
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 LONDONO, NOHRA H 2100 W. BEACH DR. Y-204 PANAMA CITY FL 32401			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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE	
9. Capital Contributions as Shown on record.		\$200.00	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		
NAME	LONDONO, N		CITY - ST - ZIP		
STREET ADDRESS	2100 W. BEACH DR., Y-204				
CITY - ST - ZIP	PANAMA CITY FL 32401				
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CITY - ST - ZIP					



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-2928382** Applied For
Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

000000220048
02/08/05-80053-003 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *N. Londono, G. Port...* **1/29/05** **850 784 8191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE