

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A93000001064 1. Entity Name OLSEN FAMILY PARTNERSHIP, LTD.						2005 MAY -9 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2600 W. BLACK DIAMOND CIRCLE LECANTO, FL 34461				Mailing Address P.O. BOX 10000 CRYSTAL RIVER, FL 34423			
2. Principal Place of Business		3. Mailing Address				 04282005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3206751				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OLSEN, STANLEY C 2600 W. BLACK DIAMOND CIRCLE LECANTO, FL 34461				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. \$50,252				10. Amount of Capital Contributions in FLORIDA to date. \$520,252			
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 #	G83483			STREET ADDRESS	700054200657 05/10/05--01022--008 **526.25		
NAME	GULF TO LAKES REAL ESTATE, INC.			CITY-ST-ZIP			
STREET ADDRESS	PO BOX 10,000			STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
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: _____ **4/28/05** **352-746-4000**

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

STAPLE CHECK HERE