

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 8:38

DOCUMENT # A93000001279 1. Entity Name FOUR SISTERS MANAGEMENT SYSTEMS, LTD.					
Principal Place of Business ATTN: LAWRENCE J. KALES, DPM 7117 S.R. 52 HUDSON, FL 33567			Mailing Address ATTN: LAWRENCE J. KALES, DPM 7117 S.R. 52 HUDSON, FL 33567		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03212005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0454114	
Zip		Country		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	
KRAMER, ROBERT M C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent, and file if applicable.)					
9. Capital Contributions as Shown on record. \$990.00			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	200050510632	
STREET ADDRESS	KALES, LAWRENCE J		CITY-ST-ZIP	04/12/05--01010--008 **141.25	
CITY-ST-ZIP	7117 S.R. 52		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 33567		CITY-ST-ZIP		
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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: 			5/23/05 2078682128		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE