


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001456 1. Entity Name DEMETREE FAMILY PARTNERSHIP, LLLP					
Principal Place of Business 731 VASSAR STREET ORLANDO, FL 32804			Mailing Address 731 VASSAR STREET ORLANDO, FL 32804		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3224272				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMETREE, PAUL A 731 VASSAR STREET ORLANDO, FL 32804				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$283,860.00			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	DEMETREE, PAUL A			CITY-ST-ZIP	
STREET ADDRESS	2620 N. WESTMORLAND DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32804				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	DEMETREE, JOHN W			CITY-ST-ZIP	
STREET ADDRESS	5857-A 21ST AVENUE WEST				
CITY-ST-ZIP	BRADENTON, FL 34209				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	DEMETREE-DASHER, FRANCES			CITY-ST-ZIP	
STREET ADDRESS	14255 SUMMERLIN AVE.				
CITY-ST-ZIP	ORLANDO, FL 32806				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	DEMETREE-COWHERD, CECILIA			CITY-ST-ZIP	
STREET ADDRESS	1227 NORTTINGHAM ST				
CITY-ST-ZIP	ORLANDO, FL 32803				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	DEMETREE, ARTHUR J			CITY-ST-ZIP	
STREET ADDRESS	316 PLANTATION CLUB DR.				
CITY-ST-ZIP	DEBARY, FL 32713				
DOCUMENT #	NAME			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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>Paul A Demetree</i>				4-12-05 4072460393	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	



STAPLE CHECK HERE