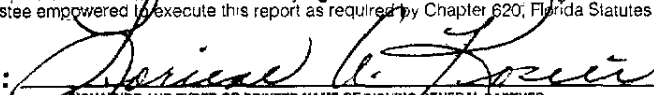


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000060					
1. Entity Name THE KOSIER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425		Mailing Address 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3216053	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSIER, LORIENE 3644 DOUGLAS FERRY ROAD BONIFAY, FL 32425				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 date if applicable					
9. Capital Contributions as Shown on record. \$695,506.00		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	KOSIER, MERRILL		CITY - ST - ZIP		
STREET ADDRESS	3644 DOUGLAS FERRY ROAD				
CITY - ST - ZIP	BONIFAY, FL 32425				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KOSIER, LORIENE		CITY - ST - ZIP		
STREET ADDRESS	3644 DOUGLAS FERRY ROAD				
CITY - ST - ZIP	BONIFAY, FL 32425				
DOCUMENT #	NAME		STREET ADDRESS		
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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)(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: 			Date: 4/5/05 Daytime Phone #: (850) 547-4899		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



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