


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

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000196					
1. Entity Name THE DOLORES A. BARTH FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5331 DOMINICA CIRCLE SARASOTA FL 34233			Mailing Address 5331 DOMINICA CIRCLE SARASOTA FL 34233		
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 65-0468646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURQUEST, BILLIE 4003 BOOTH PLACE SARASOTA FL 34231			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		\$152,000.00		10. Amount of Capital Contributions in FLORIDA to date. - 0 -	
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	BURQUEST, BILLIE		CITY- ST- ZIP		
STREET ADDRESS	5331 DOMINICA CIRCLE				
CITY- ST- ZIP	SARASOTA FL 34233				
DOCUMENT #	NAME		STREET ADDRESS	000000267671	
NAME			CITY- ST- ZIP	03/18/05-80012-008 141.25	
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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: Billie Burquest			3-11-05 941-342-4595		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE