

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000412 1. Entity Name WEITZENKORN FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 36648 MISSOURI AVENUE DADE CITY, FL 33525			Mailing Address P.O. BOX 1896 DADE CITY, FL 33526-1896		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3260962	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEITZENKORN, OTTO 36648 MISSOURI AVENUE DADE CITY, FL 33525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,724,800.00		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 #	218986		STREET ADDRESS		
NAME	OUTLET DEPARTMENT STORE, INC.		CITY - ST - ZIP		
STREET ADDRESS	36648 MISSOURI AVENUE		CITY - ST - ZIP		
CITY - ST - ZIP	DADE CITY, FL 33525		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(l), 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>Otto Weitzenkorn</i> - OTTO WEITZENKORN PRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 2-10-05 Daytime Phone # 352-567-5462		

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