



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A94000000675 1. Entity Name GIMENEZ FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209			Mailing Address 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
					
			04062005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 65-0482508		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 GIMENEZ, JOSE L 6100 RIVERVIEW BOULEVARD WEST BRADENTON, FL 34209			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. \$1,340,588.00		10. Amount of Capital Contributions in FLORIDA to date. 371,110		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	GIMENEZ, JOSE L		CITY-ST-ZIP		
STREET ADDRESS	6100 RIVERVIEW BLVD WEST				
CITY-ST-ZIP	BRADENTON, FL 34209				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GIMENEZ, EILEEN M		CITY-ST-ZIP		
STREET ADDRESS	6100 RIVERVIEW BLVD WEST				
CITY-ST-ZIP	BRADENTON, FL 34209				
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					

STAPLE CHECK HERE