

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

**DOCUMENT # A94000000758**

1. Entity Name

HAVANA STEAM PARTNERS, LTD.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 22 AM 9:18

Principal Place of Business

POST OFFICE BOX 1128  
 HAVANA FL 32333

Mailing Address

POST OFFICE BOX 1128  
 HAVANA FL 32333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*QPS*



1ST MOORE

CR2E003 (10/04)

4. FEI Number

59-3237858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCKWOOD, THOMSON W  
 8007 FL-GA HWY  
 HAVANA FL 32333

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
 as Shown on record.

**\$31,500.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**31500**

**11. FILE NOW!!! Due by May 1, 2005**  
 See Block 11 instructions for fee info.

**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 # F94000002739  
 NAME HAVANA BOILER COMPANY  
 STREET ADDRESS POST OFFICE BOX 1128, HWY 27 NORTH  
 CITY-ST-ZIP HAVANA FL 32333

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

**800049368628**  
**03/29/05--01054--019 \*\*309.25**

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: *Thomson W. Rockwood*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/21/05**  
 Date

Daytime Phone #

STAPLE CHECK HERE