


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY SEPTEMBER 7, 2005**

142

DOCUMENT # A94000000960		
1. Entity Name LOPEZ FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 8011 NORTH HIMES AVENUE TAMPA FL 33614	Mailing Address 8011 NORTH HIMES AVENUE TAMPA FL 33614
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3258650	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  LOPEZ, CARLOS M 8011 NORTH HIMES AVENUE TAMPA FL 33614	
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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>	DATE _____
9. Capital Contributions as Shown on record. \$104,000.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 7, 2005! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input type="checkbox"/>
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**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 #	LOPEZ, CARLOS M	STREET ADDRESS	
NAME	8011 NORTH HIMES AVENUE	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33614		
CITY-ST-ZIP		STREET ADDRESS	300059544063
		CITY-ST-ZIP	09/13/05--01003--006 **526.25
DOCUMENT #		STREET ADDRESS	
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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: <u>Carlos M. Lopez</u>	Date: <u>8-16-05</u>	Daytime Phone #: <u>813(935-3000)</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE

**FILED** 05 SEP 12 AM 7:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 24, 2005

LOPEZ FAMILY LIMITED PARTNERSHIP  
8011 NORTH HIMES AVENUE  
TAMPA, FL 33614

SUBJECT: LOPEZ FAMILY LIMITED PARTNERSHIP  
Ref. Number: A94000000960

FILED  
05 SEP 12 AM 7:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LOPEZ FAMILY LIMITED PARTNERSHIP and check(s) totaling \$541.25. However, your check(s) and document are being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 2003 through 2005; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$941.26.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 005A00053629

Did not get a prior  
notice of for the filing

attention Lee Rivers

Phone conversation 9-06-05

Mr. Rivers works in Corporation  
in Tallahassee - told me that the  
numbers were incorrect, the total to be paid is 526.25.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314