

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 9:27

DOCUMENT # A94000001106

1. Entity Name
ROBIN T. HOLLINGSWORTH FAMILY LIMITED
PARTNERSHIP



Principal Place of Business
257 S.E. AVENUE E
BELLE GLADE, FL 33430

Mailing Address
1014 N.E. 2ND STREET
BELLE GLADE, FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0509731

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

GANN, JAMES M.
257 S.E. AVENUE E
BELLE GLADE, FL 33430

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. \$309,826.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
HOLLINGSWORTH, ROBIN T
1014 N.E. 2ND STREET
BELLE GLADE, FL 33430

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

200049371892
03/29/05--01061--016 **526.25

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: *Robin T. Hollingsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robin T. Hollingsworth

Date

3/19/05 561-261-9258

Daytime Phone #

STAPLE CHECK HERE