

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

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

**DOCUMENT # A94000001514**

**1. Entity Name**

**TIMOSHENKO FAMILY PARTNERSHIP, LTD.**



**Principal Place of Business**

**3630 GULF OF MEXICO DRIVE #101-B  
LONGBOAT KEY FL 34228**

**Mailing Address**

**12690 PLYMOUTH DRIVE  
SARATOGA CA 95070**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**65-0564969**

**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**

**KUTCH, STEPHANIE T  
3630 GULF OF MEXICO DR., #101B  
LONGBOAT KEY FL 34228-2830**

**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**

**\$4,356,000.00**

**10. Amount of Capital Contributions  
in FLORIDA to date.**

**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 #**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**KUTCH, STEPHANIE T  
12690 PLYMOUTH DRIVE  
SARATOGA CA 95070**

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TIMOSHENKO, JOHN A  
3630 GULF OF MEXICO DRIVE, #101-B  
LONGBOAT KEY FL 34228**

**STREET ADDRESS**

**CITY - ST - ZIP**

**000000220075  
02/08/05-80054-005 535.00**

**DOCUMENT #**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

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**CITY - ST - ZIP**

**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)(f), 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:**

*Stephanie T. Kutch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/24/05**

**(408) 253-3331**

Date

Daytime Phone #

**STAPLE CHECK HERE**