

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A94000001565**

1. Entity Name  
**PUBWINT LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O DELTA EQUITIES**  
**275 MADISON AVENUE, 30TH FLOOR**  
**NEW YORK, NY 10016**

Mailing Address  
**C/O DELTA EQUITIES**  
**275 MADISON AVENUE, 30TH FLOOR**  
**NEW YORK, NY 10016**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**13-3790240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**HOUSTON, CLARENCE H JR.**  
**200 W. FORSYTH STREET**  
**JACKSONVILLE, FL 32202**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,300,000.00**

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 # **P94000053219**  
NAME **PUBWINT REALTY CORP.**  
STREET ADDRESS **275 MADISON AVE., 30TH FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10016**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**1000000185234**

**01/21/05-80008-001 526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE