


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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001779</b> 1. Entity Name <b>JACK AND BEVERLY CIRCLE FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>			Mailing Address <b>3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0551873</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CIRCLE, JACK 3000 S. OCEAN BLVD., APT 1406 BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. <b>\$294,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>294,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	3000 S. OCEAN BLVD., APT 1406		CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
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1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0551873** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

9. Capital Contributions as Shown on record. **\$294,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **294,000.00**

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.**  
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Jack Circle* **JACK CIRCLE** 4-15-05 561-392-2176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE