

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212005 Chg-LP CR2E003 (10/03)

DOCUMENT # A95000000101 1. Entity Name SESSIONS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1507 SUNSET POINTE PLACE KISSIMMEE, FL 34744			Mailing Address P.O. BOX 420178 KISSIMMEE, FL 34742-0178		
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 59-3290365	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SESSIONS, RAYMOND R JR. 1507 SUNSET POINTE PLACE KISSIMMEE, FL 34744				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. \$1,597,299.00		10. Amount of Capital Contributions in FLORIDA to date. 1,349,621.00			
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		
NAME	CARROLL, FAYE C TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1507 SUNSET POINTE PLACE				
CITY-ST-ZIP	KISSIMMEE, FL 34744				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SESSIONS, RAYMOND R JR.		CITY-ST-ZIP		
STREET ADDRESS	625 LAKESHORE BLVD,				
CITY-ST-ZIP	KISSIMMEE, FL 34744				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SESSIONS, MARK C		CITY-ST-ZIP		
STREET ADDRESS	1507 SUNSET POINTE PLACE				
CITY-ST-ZIP	KISSIMMEE, FL 34744				
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NAME			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)(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: <i>Raymond Sessions</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 4/15/2005 Daytime Phone #: 407-847-8365		

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