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

SIGNATURE:

## Mar 18, 2005 08:00 AM DOCUMENT # A95000000871 **Secretary of State** 1. Entity Name RONALD J. NEMEYER LIMITED PARTNERSHIP Mailing Address Principal Place of Business 2234 RIVER ROAD JACKSONVILE FL 32207 2234 RIVER ROAD JACKSONVILE FL 32207 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEI Number 59-3317291 Not Applicable Źφ Country \$8.75 Additional Zíp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYER, LORI N Street Address (P.O. Box Number is Not Acceptable) 2234 RIVER ROAD JACKSONVILE FL 32207 Zip Code City FL 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. 10. Amount of Capital Contributions 9. Capital Contributions \$460,662.95 in FLORIDA to date. as Shown on record. 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. ADDRÉSS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS NAME BOYER, LORI T STREET ADDRESS 2234 RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILE FL 32207 DOCUMENT # STREET ADDRESS NAUMANN, TERRELL A NAME 2234 RIVER ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILE FL 32207 CITY - ST - ZIP <u> U00000267473</u> 03/18/05-80001-014 526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET A ORESS CITY-ST-ZIP CITY-ST-7/P 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

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