

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # A95000001045 | | | | | |
| 1. Entity Name COURTYARD DISTRIBUTION CENTER LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 10260 N.W. 47TH STREET SUNRISE, FL 33351 | | | Mailing Address 10260 N.W. 47TH STREET SUNRISE, FL 33351 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01142005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 65-0710086 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COURTYARD DISTRIBUTION CENTER, INC. 10260 N.W. 47TH STREET SUNRISE, FL 33351 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$5,000.00 | | | 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P95000050610 | | STREET ADDRESS | | |
| NAME | COURTYARD DISTRIBUTION CENTER, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 10260 N.W. 47TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | SUNRISE, FL 33351 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _____ | | | Joseph Vitolo 4/28/05 954-522-6900 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE

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