2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001130

1. Entity Name
RALPH MEITIN FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
POST OFFICE BOX 162732 ALTAMONTE SPRINGS, FL 32716-2732	POST OFFICE BOX 162732 ALTAMONTE SPRINGS, FL 32716-2732

01032005 Chg-LP CR2E003 (10/03)

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 59-3329261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEFKOWITZ, IVAN M ESQUIRE 430 NORTH MILLS AVENUE ORLANDO, FL 32803	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 the date entered.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,709,540.00	

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 #		STREET ADDRESS	
NAME	MEITIN, JULIAN	CITY-ST-ZIP	
STREET ADDRESS	421 MONTGOMERY RD #141		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #	149507	STREET ADDRESS	
NAME	ZELLWOOD FRUIT DISTRIBUTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	421 MONTGOMERY RD #141		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #		STREET ADDRESS	000000267480
NAME		CITY-ST-ZIP	03/18/05-80001-020 526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Julian R Meitin 3/11/05 4078657887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #