

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001155

1. Entity Name
THE VERZAAL FAMILY LIMITED PARTNERSHIP



Principal Place of Business
5220 FLAVOR PICT RD.
BOYNTON BEACH, FL 33436

Mailing Address
P.O. BOX 6206
DELRAY BEACH, FL 33482



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0642904

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

VERZAAL, ADRIAN R SR.
3150 JASMINE DRIVE
DELRAY BEACH, FL 33486

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

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

DATE

9. Capital Contributions
as Shown on record, \$2,000,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
VERZAAL, ADRIAN R SR.
3150 JASMINE DRIVE
DELRAY BEACH, FL 33483

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
VERZAAL, DALE C
9569 CALLIANDRA DRIVE
BOYNTON BEACH, FL 33436

STREET ADDRESS
CITY-ST-ZIP

1100000185325
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-10-05 561-498-3930