

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:16

DOCUMENT # A95000001424

1. Entity Name
OLDE FLORIDA INVESTMENTS, LTD.



Principal Place of Business
12425 UNION ROAD
NAPLES, FL 34114

Mailing Address
12425 UNION ROAD
NAPLES, FL 34114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0609353

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WOLFF, CASEY ESQ.
% PAULICH, SLACK & WOLFF, P.A.
~~2150 GOODLETTE ROAD, 6TH FLOOR~~ 5147 CASTELLO DR
NAPLES, FL ~~33940~~ 34103

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. \$36,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$36,000.00

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 # P95000071581
NAME OLDE FLORIDA INVESTMENTS, INC.
STREET ADDRESS 12425 UNION ROAD
CITY-ST-ZIP NAPLES, FL 34114

STREET ADDRESS

CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARLENE MARCHAND
PRESIDENT

Date

Daytime Phone #

3/9/05 2393896336

STAPLE CHECK HERE