


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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001496</b> 1. Entity Name <b>THE GARBER FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>775 TYLER DRIVE SARASOTA FL 34236</b>	Mailing Address <b>775 TYLER DRIVE SARASOTA FL 34236</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0616959** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent <b>GARBER, RUDOLPH C JR 775 TYLER DRIVE SARASOTA FL 34236</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$597,800.00** 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 #		STREET ADDRESS	
NAME	<b>GARBER, RUDOLPH C JR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>775 TYLER DRIVE</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>GARBER, JOCELYN F</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>775 TYLER DRIVE</b>		
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>		
DOCUMENT #		STREET ADDRESS	<b>U000000335796</b>
NAME		CITY-ST-ZIP	<b>04/27/05-80092-016 526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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 19.07(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: Jocelyn F. Garber 4-15-05 941-388-1759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #