

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 10 AM 9:26

DOCUMENT # A95000001536

1. Entity Name
TONY FERNANDEZ ENTERPRISES, LTD.



Principal Place of Business
4600 NORTH HABANA AVE., SUITE 16
TAMPA, FL 33614

Mailing Address
4600 NORTH HABANA AVE., SUITE 16
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2413335

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

FERNANDEZ, ANTHONY A
4600 NORTH HABANA AVE., SUITE 16
TAMPA, FL 33614

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. \$5,000,000.00

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

FERNANDEZ, ANTHONY A
4600 NORTH HABANA AVE., SUITE 16
TAMPA, FL 33614

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

FERNANDEZ, STACY R
3509 WEST PALMIRA AVENUE
TAMPA, FL 33629

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

FERNANDEZ, KIMBERLY K
4214 WEST PALMIRA AVENUE
TAMPA, FL 33629

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

FERNANDEZ, CHERYL L
10200 GANDY BLVD., #1329
ST. PETERSBURG, FL 33702

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ANTHONY A FERNANDEZ

Date

Daytime Phone #

3-8-05 1-813
876-0502

STAPLE CHECK HERE