

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

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001848**

1. Entity Name

**LEROY HEMINGWAY FAMILY LIMITED PARTNERSHIP**



Principal Place of Business

Mailing Address

**1980 GREENWOOD AVENUE  
 JACKSONVILLE FL 32205**

**1980 GREENWOOD AVENUE  
 JACKSONVILLE FL 32205**

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

**59-3358066**

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

**HEMINGWAY, ANNETTE  
 1980 GREENWOOD AVENUE  
 JACKSONVILLE FL 32205**

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.

**\$5,065,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date

**11. FILE NOW!!! Due by May 1, 2005.**

**See Block 11 instructions for fee info.**

**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 # **P95000091307**  
 NAME **LEROY AND ANNETTE HEMINGWAY, INC.**  
 STREET ADDRESS **1980 GREENWOOD AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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**U00000247692  
 03/01/05-80034-002 526.25**

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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**

*Annette Hemingway*

**2-8-05 (904) 3844431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE