MAY-16-2005 11:29 LARRY J. BROUSE CPA 215 887 7[illegible] P.03/06

FILED
Jun 10, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A95000001889

1. Entity Name
ACD ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
305 S.W. 140 TERRACE NEWBERRY, FL 32669	305 S.W. 140 TERRACE NEWBERRY, FL 32669

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3349464 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

AWARE DEVELOPMENT, INC.
305 S.W. 140 TERRACE
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. $800.00

10. Amount of Capital Contributions in FLORIDA to date. 3/3/05

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 #	P95000091357	STREET ADDRESS	
NAME	AWARE DEVELOPMENT, INC.		
STREET ADDRESS	305 S.W. 140 TERRACE	CITY-ST-ZIP	
CITY-ST-ZIP	NEWBERRY, FL 32669		
DOCUMENT #		STREET ADDRESS	U00000369424
NAME			06/10/05 05006 017 141.25
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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: x Wilson Cobel-Turcorral 4-19-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #