


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

**FILED**

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

<b>DOCUMENT # A95000001957</b> 1. Entity Name <b>SULTAN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>C/O SULTAN MANAGEMENT CORP. 661 OLEANDER DR. HALLENDALE FL 33009</b>	Mailing Address <b>C/O SULTAN MANAGEMENT CORP. 661 OLEANDER DR. HALLENDALE FL 33009</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0609619</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SULTAN, FRED 661 OLEANDER DRIVE HALLENDALE FL 33009</b>
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7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record. <b>\$1,188,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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**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	
DOCUMENT #	<b>P95000041048</b>
NAME	<b>SULTAN MANAGEMENT CORP.</b>
STREET ADDRESS	<b>661 OLEANDER DR.</b>
CITY- ST- ZIP	<b>HALLENDALE FL 33009</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>U000000255381</b>
CITY- ST- ZIP	<b>03/08/05-80012-007 526 25</b>
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	
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:** 

**2-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE