


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:56

<b>DOCUMENT # A96000000092</b> 1. Entity Name <b>THE FRANCES R. FORD FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>513 N. RIVERSIDE DRIVE EDGEWATER, FL 32132</b>			Mailing Address <b>P.O. BOX 425 NEW SMYRNA BEACH, FL 32170</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FORD, FRANCES R 513 N. RIVERSIDE DRIVE EDGEWATER, FL 32132</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>\$5,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>324,216</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>FORD, FRANCES R TRUSTEE</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>513 N. RIVERSIDE DRIVE</b>				
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>FORD, FRANCES R</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>513 N. RIVERSIDE DRIVE</b>				
CITY-ST-ZIP	<b>EDGEWATER, FL 32132</b>				
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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: <u><i>Frances R Ford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>3-25-05</u> <small>Daytime Phone #</small>		

STAPLE CHECK HERE

*Handwritten initials*



03012005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3352702** Applied For ☐ Not Applicable

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

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