

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A96000000259

1. Entity Name  
LEGAL PRO, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -4 AM 8:32

Principal Place of Business  
P.O. BOX 55441  
ST. PETERSBURG, FL 33732

Mailing Address  
P.O. BOX 55441  
ST. PETERSBURG, FL 33732

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



03292005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3362852

Applied For  
Not Applicable

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

### 6. Name and Address of Current Registered Agent

GRAHAM, PETER D  
5200 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

### 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

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

DATE

9. Capital Contributions  
as Shown on record. \$125,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

6000.00

3/31/05

**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

DOCUMENT # P98000075260  
NAME COM-TWO, INC.  
STREET ADDRESS 8401 - 9TH ST. NORTH, STE. E  
CITY-ST-ZIP ST. PETERSBURG, FL 33702

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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:

*Howard M Crosby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/05  
Date

7275790000  
Daytime Phone #

STAPLE CHECK HERE