

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 10:44

DOCUMENT # A96000000368

1. Entity Name
STATELY LIMITED PARTNERSHIP



Principal Place of Business
5075 S. ORANGE BLOSSOM TR
ORLANDO, FL 32809

Mailing Address
5075 S. ORANGE BLOSSOM TR
ORLANDO, FL 32809

2. Principal Place of Business

3. Mailing Address
1365 WINDSONG RD
Suite, Apt. #, etc.



01102005 Chg-LP CR2E003 (10/03)

City & State

City & State
ORLANDO, FL

4. FEI Number
59-3379922

Applied For
Not Applicable

Zip Country

Zip Country
32809 ORANGE

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

TAYLOR, PAULA
2114 HILLCREST ST.
ORLANDO, FL 32803

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. \$1,960,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
URANICK, GERALD W
2304 CARIBBEAN COURT
ORLANDO, FL 32805

STREET ADDRESS
CITY-ST-ZIP
1365 WINDSONG RD.
ORLANDO, FL 32809

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
URANICK, CAROL A
2304 CARIBBEAN COURT
ORLANDO, FL 32805

STREET ADDRESS
CITY-ST-ZIP
1365 WINDSONG RD
ORLANDO, FL 32809

DOCUMENT #
NAME
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CITY-ST-ZIP

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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

Carol A. Uranick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-5-05

Date

(407) 240-5890

Daytime Phone #

STAPLE CHECK HERE