


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 15 AM 8:45

DOCUMENT # A96000001058 1. Entity Name THE GORMAN FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2725 SW 47TH STREET DANIA BEACH, FL 33312		Mailing Address 2725 SW 47TH STREET DANIA BEACH, FL 33312	
2. Principal Place of Business 1012 Whitehead ST Suite, Apt. #, etc.		3. Mailing Address 1012 Whitehead ST Suite, Apt. #, etc.	
City & State Key West, FL Zip 33040		City & State Key West, FL Zip 33040	
Country USA		Country USA	
4. FEI Number 65-0656450		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORMAN, LURA 2725 SW 47TH STREET DANIA BEACH, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1012 Whitehead ST City Key West FL Zip Code 33411	
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. \$3,920,000.00		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	GORMAN, LURA 2725 SW 47TH STREET DANIA BEACH, FL 33312	STREET ADDRESS CITY-ST-ZIP	1012 Whitehead ST Key West, FL 33040
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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 Lura Gorman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		02-05 305 294 9779 <small>Date Daytime Phone #</small>	

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