



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**  
05 MAY 19 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A96000001222</b> 1. Entity Name BERKSHIRE PARTNERS (1996), LTD.					
Principal Place of Business 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOTTICE, H. JAY 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE, FL 32308				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record			10. Amount of Capital Contributions in FLORIDA to date.		
\$ 360,000.00			\$		
<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 #	P96000054982		STREET ADDRESS		
NAME	BERKSHIRE (1996), INC.		CITY-ST-ZIP		
STREET ADDRESS	2019 CENTRE POINTE. BLVD., STE. 101		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			John P. Mottice, V.P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE



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4. FEI Number 59-3388029 Applied For Not Applicable

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

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