

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000001711

1. Entity Name
SHERWOOD MOBILE MANNOR MOBILE HOME PARK,
LTD.



FILED

2005 APR 11 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
37839 COUNTY ROAD 54
ZEPHYRHILLS, FL 33541

Mailing Address
TEMPLE TERRACE VILLAGE
10912 NORTH 56TH STREET
TEMPLE TERRACE, FL 33617



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

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

03252005 Chg-LP CR2E003 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3399541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOSS, JAMES C
37839 COUNTY ROAD 54
ZEPHYRHILLS, FL 33541

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] DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions
as Shown on record. \$25,000.00

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

DOCUMENT # P96000057619
NAME CENTRAL EQUITIES, INC.
STREET ADDRESS 37839 COUNTY ROAD 54
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-5 813-984-1533
Date Daytime Phone #

STAPLE CHECK HERE