

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 21 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001746

1. Entity Name  
SIGNATURE BUILDINGS LIMITED PARTNERSHIP



Principal Place of Business  
21 E. GARDEN ST., STE. #200  
PENSACOLA, FL 32501

Mailing Address  
21 E. GARDEN ST., STE. #200  
PENSACOLA, FL 32501

2. Principal Place of Business  
4 LAGUNA STREET

3. Mailing Address  
4 LAGUNA STREET

Suite, Apt. #, etc.  
SUITE 201

Suite, Apt. #, etc.  
SUITE 201

City & State  
FORT WALTON BEACH, FL

City & State  
FORT WALTON BEACH, FL

Zip  
32548

Country  
USA

Zip  
32548

Country  
USA

04152005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3448438

Applied For  
Not Applicable

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

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

SCHWEIZER, WILLIAM T  
21 E. GARDEN ST., STE. #200  
PENSACOLA, FL 32501

### 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. \$24.90

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 # A97000000743  
NAME SCHWEIZER FAMILY LIMITED PARTNERSHIP  
STREET ADDRESS 4 LAGUNA ST., SUITE 201  
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
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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: W. TODD SCHWEIZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/13/05 850-301-0179

STAPLE CHECK HERE