

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                         |  |                                                                                   |
|---------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A96000001890</b>                          |  |  |
| 1. Entity Name<br>THE SIMPKINS FAMILY PARTNERSHIP, LTD. |  |                                                                                   |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>400 HIGH POINT DRIVE, SUITE 500<br>COCOA, FL 32926 | Mailing Address<br>400 HIGH POINT DRIVE, SUITE 500<br>COCOA, FL 32926 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



04122005 Chg-LP CR2E003 (10/03)

|                             |                                                                   |
|-----------------------------|-------------------------------------------------------------------|
| 4. FEI Number<br>59-3405603 | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|-----------------------------|-------------------------------------------------------------------|

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                      |  |                                                    |  |
|----------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent        |  |
| VANI, THOMAS A<br>400 HIGH POINT DRIVE, SUITE 500<br>COCOA, FL 32926 |  | 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.

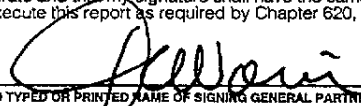
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$375,000.00 | 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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | J53041<br>S&S ENTERPRISES, INC.<br>400 HIGH POINT DRIVE, SUITE 500<br>COCOA, FL 32926 | STREET ADDRESS<br>CITY - ST - ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP | 1100000336307<br>04/27/05-80125-003 526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP | 1100000336387<br>04/27/05-80125-884 8.75   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | STREET ADDRESS<br>CITY - ST - ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       | STREET ADDRESS<br>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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/05 (321)  
 636-0200  
Date Daytime Phone #

STAPLE CHECK HERE