


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002158					
1. Entity Name SANSING FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 4875 MANOLETE ST. PENSACOLA, FL 32504			Mailing Address 4875 MANOLETE ST. PENSACOLA, FL 32504		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02102005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3418211	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANSING, ROBERT C 4875 MANOLETE ST. PENSACOLA, FL 32504			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. \$784,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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		
	SANSING, ROBERT C				
STREET ADDRESS	4875 MANOLETE ST.		CITY - ST - ZIP		
CITY - ST - ZIP	PENSACOLA, FL 32504				
DOCUMENT #	NAME		STREET ADDRESS		
	SANSING, PEGGY L				
STREET ADDRESS	4875 MANOLETE ST.		CITY - ST - ZIP		
CITY - ST - ZIP	PENSACOLA, FL 32504				
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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)(f), 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: <i>Robert C. Sansing</i>			Robert C. Sansing / 2-23-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		CapState Form #

STAPLE CHECK HERE



800/475-2905