


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 9:08

DOCUMENT # A96000002166 1. Entity Name H & G CRAMER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 3155 HYDE PARK PLACE PENSACOLA, FL 32503			Mailing Address 3155 HYDE PARK PLACE PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		03212005 Chg-LP		CR2E003 (10/03)	
4. FEI Number 59-3411859				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		
CRAMER, GAYLE H 3155 HYDE PARK PLACE PENSACOLA, FL 32503			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$313,600.00		10. Amount of Capital Contributions in FLORIDA to date. 0.00			
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		
NAME	CRAMER, HARRY R JR.		CITY-ST-ZIP		
STREET ADDRESS	3155 HYDE PARK PLACE				
CITY-ST-ZIP	PENSACOLA, FL 32503				
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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: <i>Gayle H. Cramer</i>			Date: 3/21/05		Daytime Phone #: 850-435-2546
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

[Handwritten signature]



03212005 Chg-LP CR2E003 (10/03)

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