

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000002266

1. Entity Name  
SEASIDE ESTATES LIMITED PARTNERSHIP



Principal Place of Business  
3103 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006

Mailing Address  
3103 PHILMONT AVENUE  
HUNTINGDON VALLEY, PA 19006

*PSK*

**FILED**  
05 APR 29 PM 5:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**250 Gibraltar Road**

3. Mailing Address  
**250 Gibraltar Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-LP CR2E003 (10/03)

City & State  
**Horsham, PA**

City & State  
**Horsham, PA**

4. FEI Number  
**23-2870057**

Applied For  
Not Applicable

Zip  
**19044**

Country  
**Montgomery**

Zip  
**19044**

Country  
**Montgomery**

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

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

**7. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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. **\$9,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$9,500.00**

**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 # P94000082800  
NAME TOLL FL GP CORP.  
STREET ADDRESS 3103 PHILMONT AVE  
CITY-ST-ZIP HUNTINGDON VALLEY, PA 19006

STREET ADDRESS **250 Gibraltar Road**  
CITY-ST-ZIP **Horsham, PA 19044**

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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:

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

**4/01/05**

Date

Daytime Phone #

**Mark J. Warshauer, VP of Toll FL GP Corp., General Partner**

STAPLE CHECK HERE