

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:15

DOCUMENT # A96000002279

1. Entity Name
B & D STEVENSON FAMILY LIMITED PARTNERSHIP



Principal Place of Business
3532 SE MONTGOMERY CIRCLE
ARCADIA, FL 34266

Mailing Address
PO BOX 1011
ARCADIA, FL 34265

Handwritten initials



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0718299

Applied For
Not Applicable

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

STEVENSON, BAYNE
3532 SE MONTGOMERY CIRCLE
ARCADIA, FL 34266

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. \$2,745,000.00

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

DOCUMENT # P96000099958
NAME B & D STEVENSON ENTERPRISES, INC.
STREET ADDRESS 4 WEST OAK STREET, SUITE E
CITY-ST-ZIP ARCADIA, FL 33821

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000048499150
03/16/05--01009--025 **\$26.25

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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 I were personally signing the report as required by Chapter 609, Florida Statutes, 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 609, Florida Statutes.

SIGNATURE:

Bayne Stevenson
BAYNE STEVENSON

Date

2/10/05

Daytime Phone #

863-491-8942

STAPLE CHECK HERE