



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002341					
1. Entity Name THE STOTTLEMYER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1249 STRINGFIELD AVENUE SARASOTA, FL 34237			Mailing Address 1249 STRINGFIELD AVENUE SARASOTA, FL 34237		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt. #, etc.			
City & State		City & State		03282005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0720816	
				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		
MCGINNESS, W. LEE 1800 SECOND STREET SUITE 971 SARASOTA, FL 34236			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
9. Capital Contributions as Shown on record. \$830,000.00		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 #	P96000099696		STREET ADDRESS	 1100000366067 05/11/05-80029-002 526.25	
NAME	VOLUNTEER OF SARASOTA, INC.		CITY-ST-ZIP		
STREET ADDRESS	1249 STRINGFIELD AVENUE				
CITY-ST-ZIP	SARASOTA, FL 34237				
DOCUMENT #			STREET ADDRESS		
NAME			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)(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: <u>David Stottlemyer</u>			4-28-05		(941) 955-83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER David Stottlemyer			Date		Daytime Phone #

STAPLE CHECK HERE