


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

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002397</b> 1. Entity Name <b>DENISON FAMILY PARTNERS, LTD.</b>					
Principal Place of Business <b>7132 AYRSHIRE LANE</b> <b>BOCA RATON, FL 33496</b>			Mailing Address <b>7132 AYRSHIRE LANE</b> <b>BOCA RATON, FL 33496</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number <b>65-0713038</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BURA, LAURIE ANN</b> <b>7132 AYRSHIRE LANE</b> <b>BOCA RATON, FL 33496</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record. <b>\$2,166,450.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
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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: <u><i>Laurie Ann Bura</i></u> <span style="float: right;">1/14/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



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