

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000002520

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** MACCHI FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

840 LAKE AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

517 S. FOXRIDGE DR.  
RAYMORE, MO 64083

**New Mailing Address:**

**FEI Number:** 59-3415526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACCHI, ADAM S  
840 LAKE AVE.  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 1,000,000.00

**Amount of Capital Contributions in Florida to date:** 1,000,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P96000097218  
Name: MACCHI ENTERPRISES, INC.  
Address: 517 S. FOXRIDGE DR.  
City-St-Zip: RAYMORE, MO 64083

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES S. MACCHI

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/27/2005

\_\_\_\_\_  
Date