

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A97000000367

1. Entity Name  
 PHILLIPS FAMILY PARTNERSHIP, LLLP



Principal Place of Business  
 3320 SOUTH U.S. HWY 27/441  
 FRUITLAND PARK, FL 34731

Mailing Address  
 3320 SOUTH U.S. HWY 27/441  
 FRUITLAND PARK, FL 34731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102005 Chg-LP CR2E003 (10/03)

4. FEI Number

59-3430572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, LARRY M  
 3320 SOUTH U.S. HWY 27/441  
 FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

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. \$3,300,000.00

10. Amount of Capital Contributions in FLORIDA to date. 3,300,000

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PHILLIPS, LARRY M TRUSTEE	3320 SOUTH U.S. HWY 27/441	FRUITLAND PARK, FL 34731
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	P97000013438	L.M. PHILLIPS CORPORATION	3320 SOUTH U.S. HWY 27/441
		FRUITLAND PARK, FL 34731	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	U00000273857
CITY-ST-ZIP	REV 23/05-20045-008 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE