


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 09, 2005 08:00 AM  
Secretary of State

*check # 1355*

|                                            |  |                                                                                   |
|--------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A97000000696</b>             |  |  |
| 1. Entity Name<br>SUPER COOL LEASING, LTD. |  |                                                                                   |

|                                                                               |                                                                  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>5645 COLONIAL OAKS BLVD.<br>SARASOTA, FL 34232 | Mailing Address<br>4411 BEE RIDGE RD. #307<br>SARASOTA, FL 34233 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02012005 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0733240 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                   |  |
|-------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                   |  |
| JEANS, TRUMAN E<br>5645 COLONIAL OAKS BLVD.<br>SARASOTA, FL 34232 |  |

|                                                    |          |
|----------------------------------------------------|----------|
| 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 _____ | DATE _____ |
|-----------------|------------|

|                                                         |                                                                 |              |
|---------------------------------------------------------|-----------------------------------------------------------------|--------------|
| 9. Capital Contributions as Shown on record. \$2,800.00 | 10. Amount of Capital Contributions in FLORIDA to date. 2800.00 | 11. \$141.25 |
|---------------------------------------------------------|-----------------------------------------------------------------|--------------|

**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 #                      | THOMAS, GAYE             | STREET ADDRESS           |                           |
| NAME                            | 616 MELANIE PARK CT.     | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | ASHLAND CITY, TN 37015   |                          |                           |
| CITY-ST-ZIP                     |                          |                          |                           |
| DOCUMENT #                      | JEANS, TRUMAN E          | STREET ADDRESS           | 02/09/05-80068-011 141.25 |
| NAME                            | 5645 COLONIAL OAKS BLVD. | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | SARASOTA, FL 34232       |                          |                           |
| CITY-ST-ZIP                     |                          |                          |                           |
| DOCUMENT #                      | JEANS, AMY L             | STREET ADDRESS           |                           |
| NAME                            | 5645 COLONIAL OAKS BLVD. | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  | SARASOTA, FL 34232       |                          |                           |
| CITY-ST-ZIP                     |                          |                          |                           |
| DOCUMENT #                      |                          | STREET ADDRESS           |                           |
| NAME                            |                          | CITY-ST-ZIP              |                           |
| STREET ADDRESS                  |                          |                          |                           |
| CITY-ST-ZIP                     |                          |                          |                           |
| DOCUMENT #                      |                          | STREET ADDRESS           |                           |
| NAME                            |                          | 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: <i>Gaye Thomas</i> | Date: 02/02/05 | Daytime Phone #: 615-545-2480 |
|-------------------------------|----------------|-------------------------------|

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