

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001035

1. Entity Name
RETLAW LIMITED PARTNERSHIP



Principal Place of Business
1111 BAYSHORE BOULEVARD, UNIT A-15
CLEARWATER, FL 33759

Mailing Address
1111 BAYSHORE BOULEVARD, UNIT A-15
CLEARWATER, FL 33759

2. Principal Place of Business

3. Mailing Address

800 Snug Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, FL

Zip

Country

Zip

Country

33767-1833

USA

04132005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3446374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENALT CORPORATION
1111 BAYSHORE BOULEVARD, UNIT A-15
CLEARWATER, FL 33759

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.

\$1,000,000.00

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 # P97000040561
NAME RENALT CORPORATION
STREET ADDRESS 1111 BAYSHORE BOULEVARD, UNIT A-15
CITY-ST-ZIP CLEARWATER, FL 34619

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
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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)(i), 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:

Walter J. Loick Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/05 727-776-0304

WALTER J. LOICK