


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001057 1. Entity Name BOLLINGER PROPERTIES, LTD.					
Principal Place of Business 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 33940			Mailing Address P.O. BOX 22345 LOUISVILLE, KY 40252-0345		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02182005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3452089	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOLLINGER, PAUL PARKER SR.				Name	
4401 GULF SHORE BLVD., PH 8, NORTH				Street Address (P.O. Box Number is Not Acceptable)	
NORTH NAPLES, FL 33940					
				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 <u><i>Paul P. Bollinger, Sr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/16/05</u>	
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date. \$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 #	NAME			STREET ADDRESS	
NAME	BOLLINGER, PAUL PARKER SR.			CITY-ST-ZIP	
STREET ADDRESS	4401 GULF SHORE BLVD., PH 8				
CITY-ST-ZIP	NORTH NAPLES, FL 34103				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	PATRICIA SULLIVAN BOLLINGER			CITY-ST-ZIP	
STREET ADDRESS	4401 GULF SHORE BLVD., PH 8				
CITY-ST-ZIP	NORTH NAPLES, FL 34103				
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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: <u><i>Paul P. Bollinger, Sr.</i></u> Paul P. Bollinger, Sr.				4-6-05 502/425-1300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE