


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A97000001058		
1. Entity Name BOLLINGER HOLDINGS, LTD.		

Principal Place of Business 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 34103	Mailing Address P.O. BOX 22345 LOUISVILLE, KY 40252-0345
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02162005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3452092	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLLINGER, PAUL PARKER SR. 4401 GULF SHORE BLVD., PH 8 NORTH NAPLES, FL 33940		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date. \$141.25
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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 #	BOLLINGER, PAUL PARKER SR.	STREET ADDRESS	
NAME	4401 GULF SHORE BLVD., PH 8	CITY-ST-ZIP	
STREET ADDRESS	NORTH NAPLES, FL 33940		
CITY-ST-ZIP			
DOCUMENT #	PATRICIA SULLIVAN BOLLINGER	STREET ADDRESS	
NAME	4401 GULF SHORE BLVD., PH 8	CITY-ST-ZIP	
STREET ADDRESS	NORTH NAPLES, FL 33940		
CITY-ST-ZIP			
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CITY-ST-ZIP			

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04/18/05-80144-009 141.25

STAPLE CHECK HERE

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: <u>Paul R. Bollinger, Jr.</u>	Date: <u>4/6/05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	