

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 31 AM 9:42

DOCUMENT # A97000001059

1. Entity Name
JANE KLUCZKOWSKI FAMILY INVESTMENT CO., LTD.



Principal Place of Business
188 COCONUT PALM ROAD
BOCA RATON, FL 33432

Mailing Address
188 COCONUT PALM ROAD
BOCA RATON, FL 33432

*495 E ALEXANDER PALM RD
(BOCA RATON, FL 33432)*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0752079

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KLUCZKOWSKI, JANE
188 COCONUT PALM ROAD E. ALEXANDER PALM RD
BOCA RATON, FL 33432

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. \$2,772,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$526.25

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

CITY-ST-ZIP

KLUCZKOWSKI, JANE O
188 COCONUT PALM ROAD E. ALEXANDER PALM RD.
BOCA RATON, FL 33432

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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:

Jane O. Kluczowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/11/05 (561) 368-7444

Day

Daytime Phone #

STAPLE CHECK HERE