

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A97000001394 1. Entity Name LOOSE ASSOCIATES, LTD.	
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***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -9 AM 10: 59

Principal Place of Business 482 JACKSONVILLE DR. JACKSONVILLE BEACH FL 32250	Mailing Address 482 JACKSONVILLE DR. JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business	3. Mailing Address
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1ST MOORE CR2E003 (10/04)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3453458	Applied For ☐ Not Applicable
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Zip	Country	Zip	Country
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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

BURAK, RONNIE
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250

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 Ronnie L. Burak 2/1/05
Signature, typed or printed name of registered agent and title if applicable DATE

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$16,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **16,000.00**

\$200.75

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

DOCUMENT #	P97000055729
NAME	LOOSE ASSOCIATES, INC.
STREET ADDRESS	482 JACKSONVILLE DR.
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

300046708473
02/16/05--01007--025 **200.75

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: Ronnie L. Burak Ronnie L. Burak 2/1/05 (904) 247-7588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE