

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -4 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001429

1. Entity Name
JAEGER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**135 NORTH KNOWLES AVENUE
WINTER PARK, FL 32789**

Mailing Address
**135 NORTH KNOWLES AVENUE
WINTER PARK, FL 32789**

2. Principal Place of Business
1250 College Point
Suite, Apt. #, etc.

3. Mailing Address
1250 College Point
Suite, Apt. #, etc.



02122005 Chg-LP CR2E003 (10/03)

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-3453948

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARBERT, RONALD A ESQ.
225 EAST ROBINSON STREET, SUITE 600
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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. **\$750,000.00**

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

DOCUMENT # **P97000055996**
NAME **JAEGER FAMILY CORPORATION**
STREET ADDRESS **135 NORTH KNOWLES AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900055723279
06/06/05--01005--005 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Donald C Jaeger **3/02/05** **407 718-7374**