2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED 327
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001455

1. Entity Name
E.T.I.R.A., LTD.

Principal Place of Business	Mailing Address
10912 NW 14TH AVE. GAINESVILLE, FL 32606	10912 NW 14TH AVE. GAINESVILLE, FL 32606

02012005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
22-3596682
☐ Applied For
☐ Not Applicable

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
THEURER, ERNEST E 10912 NW 14TH AVE. GAINESVILLE, FL 32606	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 _____ Date

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date
$300,000.00	[redacted]

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	P97000057730 E.T.I.R.A., INC. 10912 NW 14TH AVE. GAINESVILLE, FL 32606	STREET ADDRESS CITY ST ZIP	
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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: _____ President, GP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — DATE