

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 21 AM 11:27

DOCUMENT # A97000001496

1. Entity Name  
FELTON FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
42 KEY HAVEN RD.  
KEY WEST, FL 33040

Mailing Address  
42 KEY HAVEN RD.  
KEY WEST, FL 33040

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

02082005 Chg-LP CR2E003 (10/03)

4. FEI Number  
58-6078728

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FELTON, JAMES E SR.  
~~901 WASHINGTON STREET~~  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)

42 KEY HAVEN RD  
City KEYWEST, FL Zip Code 33040

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. \$1,764,000.00

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 #  
NAME FELTON, JAMES E., SR., TRUSTEE  
STREET ADDRESS 42 KEY HAVEN RD.  
CITY-ST-ZIP KEY WEST, FL 33040

DOCUMENT #  
NAME ~~FELTON, FRANCES M TRUSTEE~~  
STREET ADDRESS ~~42 KEY HAVEN RD.~~  
CITY-ST-ZIP ~~KEY WEST, FL 33040~~

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CITY-ST-ZIP

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

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: *James E. Felton Trustee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12/16/05 305-296-2498  
Date Daytime Phone #

STAPLE CHECK HERE