

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000001576

1. Entity Name
GERMSTOPPER LTD.



FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
26 SEA MARSH ROAD
AMELIA ISLAND, FL 32034

Mailing Address
26 SEA MARSH RD.
AMELIA ISLAND, FL 32034

2. Principal Place of Business

3. Mailing Address

P.O. Box 8354

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FERNALDINA BEACH, FL

Zip

Country

Zip

Country

32035

USA

04192005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3457695

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

TODD, WILLIAM M
26 SEA MARSH RD.
AMELIA ISLAND, FL 32034

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.

\$200.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$200.00

\$141.25

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 # P97000059831
NAME GERMSTOPPER MANAGMENT CORPORATION
STREET ADDRESS 26 SEA MARSH RD.
CITY-ST-ZIP AMELIA ISLAND, FL 32034

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

Germstopper Limited
By: Germstopper Management Corporation, General Partner

4/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

By: William M. Todd, Treasurer

STAPLE CHECK HERE