

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

DOCUMENT # A97000001618	
1. Entity Name PURMORT FAMILY LIMITED PARTNERSHIP	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 8:59

Principal Place of Business 1435 LADUE LANE SARASOTA FL 34231	Mailing Address 1435 LADUE LANE SARASOTA FL 34231
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1ST MOORE



CR2E003 (10/04)

4. FEI Number 65-0776439	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PURMORT, CLYDE A II 1435 LADUE LANE SARASOTA FL 34231	
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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

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

9. Capital Contributions as Shown on record. \$11,614.37	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	PURMORT, CLYDE A II	STREET ADDRESS	
NAME	1435 LADUE LANE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34231		
CITY-ST-ZIP			
DOCUMENT #	PURMORT, CERITA L	STREET ADDRESS	
NAME	1435 LADUE LANE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34231		
CITY-ST-ZIP			
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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: CLYDE A II PURMORT 2.16.05 941.921.3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #