


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 10 AM 8:44

DOCUMENT # A97000001625 1. Entity Name APRIL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 8300 TYNDALE COVE AUSTIN, TX 78733		Mailing Address 8300 TYNDALE COVE AUSTIN, TX 78733			
2. Principal Place of Business Suite, Apt. #, etc. 307 L N. CUERNAVACA DR		3. Mailing Address Suite, Apt. #, etc. 307 L N. CUERNAVACA DR			
City & State AUSTIN TX		City & State AUSTIN TX		4. FEI Number 65-0787852	
Zip 78133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYNE, L. HOWARD ESQ. 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 SUSAN APRIL, CO-TRUSTEE OF JOHN J. APRIL 8300 TYNDALE COVE AUSTIN, TX 78733				STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NANCY APRIL, CO-TRUSTEE OF JOHN J. APRIL 377 SAHLER MILL ROAD OLIVE BIDGE, NY 12461				STREET ADDRESS CITY-ST-ZIP	
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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: <u>Susan April</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: <u>6/4/05</u> 512 Daytime Phone #: <u>402-0456</u>	

STAPLE CHECK HERE