


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

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001628 1. Entity Name DEISON FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312	Mailing Address 3725 BOBBIN MILL ROAD TALLAHASSEE FL 32312
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1ST MOORE

CR2E003 (10/04)

4. FEI Number **59-3461443**

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

**DEISON, ROBERT R
3500 FINANCIAL PLAZA, SUITE 202
TALLAHASSEE FL 32312**

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 **\$10,209,880.00**

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	STREET ADDRESS	CITY - ST - ZIP
	DEISON, ROBERT R	3500 FINANCIAL PLAZA, SUITE 202	TALLAHASSEE FL 32312
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	SKELTON, BENSON L JR	3500 FINANCIAL PLAZA, STE 202	TALLAHASSEE FL 32312
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MOORE, EDGAR M	3500 FINANCIAL PLAZA, SUITE 202	TALLAHASSEE FL 32312
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	000000235459 02/19/05-80003-021 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-05 850-386-7789

Date

Daytime Phone #

STAPLE CHECK HERE