

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001786**

1. Entity Name  
**SUNSHINE FOLIAGE WORLD, LTD.**



Principal Place of Business Mailing Address  
**2060 STEVE ROBERTS SPECIAL PO BOX 328**  
**ZOLFO SPRINGS, FL 33890 ZOLFO SPRINGS, FL 33890**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



01252005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-1817503** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAMBERT, EDWARD WAYNE**  
**2721 BAILES ROAD**  
**ZOLFO SPRINGS, FL 33890**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record. **\$10,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **-0-**

**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	P97000053058 SUNSHINE FOLIAGE WORLD, INC. 2060 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	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)(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:** *Colon J. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE