
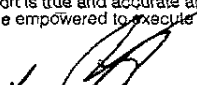


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002302</b>					
1. Entity Name <b>THE HEYSEK FAMILY LIMITED PARTNERSHIP AGREEMENT</b>					
Principal Place of Business <b>3203 POLO PLACE PLANT CITY, FL 33567</b>			Mailing Address <b>3203 POLO PLACE PLANT CITY, FL 33567</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3478039</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HEYSEK, RANDY 3203 POLO PLACE PLANT CITY, FL 33567</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 use if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	<b>HEYSEK, RANDY TRUSTEE</b>				
	STREET ADDRESS		CITY - ST - ZIP		
	<b>3203 POLO PLACE</b>				
	CITY - ST - ZIP				
	<b>PLANT CITY, FL 33567</b>				
DOCUMENT #	NAME		STREET ADDRESS		
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	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: 			Date: <b>4/8/05</b>		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



02072005 Chg-LP CR2E003 (10/03)

Applied For  
Not Applicable

STAPLE CHECK HERE

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04/18/05-80134-006 150.00