

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -5 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002410

1. Entity Name
FIDELITY DUNCAN LIMITED PARTNERSHIP



Principal Place of Business
441 WOODBINE DRIVE
PENSACOLA, FL 32503

Mailing Address
441 WOODBINE DRIVE
PENSACOLA, FL 32503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005

Chg-LP

CR2E003 (10/03)

4. FEI Number
59-3492407

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

CROSS, CHARLES D
441 WOODBINE DRIVE
PENSACOLA, FL 32503

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 fee, if applicable.

DATE

9. Capital Contributions
as Shown on record, \$5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5066

04/12/05

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

CROSS, CHARLES D
441 WOODBINE DRIVE
PENSACOLA, FL 32503

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

TRAMMELL, KAREN
734 PED RD
WINFIELD, TN 37892

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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NAME

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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)(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:

Charles D. Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/12/05

850-438-5918

Daytime Phone #

STAPLE CHECK HERE