

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002624 1. Entity Name RUTHVEN FAMILY LIMITED PARTNERSHIP NUMBER ONE					
Principal Place of Business 41 LAKE MORTON DRIVE LAKELAND, FL 33801				Mailing Address P.O. BOX 2420 LAKELAND, FL 33806	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTHVEN, JOE P 41 LAKE MORTON DRIVE LAKELAND, FL 33801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$148,500.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000102386		STREET ADDRESS		
NAME	RUTHVEN GP ONE, INC.		CITY-ST-ZIP		
STREET ADDRESS	41 LAKE MORTON DRIVE				
CITY-ST-ZIP	LAKELAND, FL 33801				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 <i>Joe P. Ruthven</i> by Joe P. Ruthven, President			Date <i>4-6-05</i> Daytime Phone # <i>863-686-3173</i>		



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3481806 Applied For Not Applicable

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

STAPLE CHECK HERE