


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

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002692**

1. Entity Name  
**THE HELSBY FAMILY LIMITED PARTNERSHIP**



Principal Place of Business: **1801 KALURNA COURT ORLANDO, FL 32806**

Mailing Address: **1801 KALURNA COURT ORLANDO, FL 32806**



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

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01042005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  
**HELSEBY, KATHY A  
1801 KALURNA COURT  
ORLANDO, FL 32806**

4. FEI Number: **59-3464642**

Applied For:  Not Applicable

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

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 \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$150,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **150,000**

**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 #	HELSEBY, KATHY A	STREET ADDRESS	
NAME	1801 KALURNA COURT	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32806		
CITY-ST-ZIP		STREET ADDRESS	U00000177805
		CITY-ST-ZIP	01/12/05-800001-001 526.25
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STAPLE CHECK HERE

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: Kathy Helsby Date: 1/5/05 Daytime Phone #: 407-649-9474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER