

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002715 1. Entity Name IRELAND CHARLESTON, LTD.					
Principal Place of Business 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181		Mailing Address 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0811488	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRELAND, R. SCOTT 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181			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 title if applicable					
9. Capital Contributions as Shown on record. \$990.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000093913 IRELAND CHARLESTON, INC. 12000 BISCAYNE BLVD., PH810 MIAMI, FL 33181		STREET ADDRESS CITY-ST-ZIP	1400000363925 05/06/05-80020-002 141.25	
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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: <i>Lou Ireland VP</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4-20-05 305-891-6806 Daytime Phone #		

STAPLE CHECK HERE

Ireland Charleston, Inc.
 LOU T. IRELAND