


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

DOCUMENT # A98000000010	
1. Entity Name PENTEL FAMILY PARTNERSHIP, LTD.	

Principal Place of Business 58 LAKE POINTE DR. SEAGROVE BCH, FL 32459	Mailing Address 58 LAKE POINTE DR. SEAGROVE BCH, FL 32459
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3546819	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PENTEL, LAURANCE F 58 LAKE POINTE DR. SEAGROVE, FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$3,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L01000005513	STREET ADDRESS	
NAME	PENTEL L.L.C.	CITY - ST - ZIP	000000177864
STREET ADDRESS	58 LAKE POINTE DR.		01/12/05-80004-009 141.25
CITY - ST - ZIP	SEAGROVE, FL 32459		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this form 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: _____	1-7-05	850 685 1092
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>