2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000068

1. Entity Name

VAN WINKLE FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
620 N.W. 16TH AVENUE GAINESVILLE FL 32601	620 N.W. 16TH AVENUE GAINESVILLE FL 32601

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3473068 ☐ 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
VAN WINKLE, HELEN R 620 N.W. 16TH AVENUE GAINESVILLE FL 32601	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

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $1,055,001.00

10. Amount of Capital Contributions in FLORIDA to date. 1,055,001.00

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 #	G98002900002	STREET ADDRESS	
NAME	HELEN R. VAN WINKEL REVOCABLE TRUST		
STREET ADDRESS	620 N.W. 16TH AVENUE	CITY-ST-ZIP	U00000230108 02/15/05-80028-024 526.25
CITY-ST-ZIP	GAINESVILLE FL 32601		
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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: Helen R. Van Winkle HELEN R. VANWINKLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #