



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A98000000369 1. Entity Name THE LANGFITT FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 215 LIVE OAK ROAD VERO BEACH, FL 32963		Mailing Address 215 LIVE OAK ROAD VERO BEACH, FL 32963			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0795721	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LANGFITT, DAVID R SR 215 LIVE OAK ROAD VERO BEACH, FL 32963		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		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		
NAME	LANGFITT, DAVID R SR		CITY-ST-ZIP		
STREET ADDRESS	215 LIVE OAK ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LANGFITT, LAVERNE E		CITY-ST-ZIP		
STREET ADDRESS	215 LIVE OAK ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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>David R. Langfitt</i>			4-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE