


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000515		
1. Entity Name REASONER FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 3004 53RD AVENUE EAST BRADENTON, FL 34203	Mailing Address 3004 53RD AVENUE EAST BRADENTON, FL 34203
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0826679	Applied For <input type="checkbox"/> 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 REASONER, SAMUEL A 3004 53RD AVENUE EAST BRADENTON, FL 34203

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, \$1,000,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000018307 REASONER PROPERTIES, INC. 3004 53RD AVENUE EAST BRADENTON, FL 34203	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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05/24/05-80002-012 526.25

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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