


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000577</b>			
1. Entity Name RAMSEUR FAMILY LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 803 BEN LOMOND DRIVE TEMPLE TERRACE, FL 33617		Mailing Address 803 BEN LOMOND DRIVE TEMPLE TERRACE, FL 33617	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  RAMSEUR, HENRY M 803 BEN LOMOND DRIVE TEMPLE TERRACE, FL 33617		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 date if applicable</small>			
9. Capital Contributions as Shown on record. \$700,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RAMSEUR, HENRY M	CITY - ST - ZIP	
STREET ADDRESS	803 BEN LOMOND DRIVE		
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RAMSEUR, JEANNE L	CITY - ST - ZIP	
STREET ADDRESS	803 BEN LOMOND DRIVE		
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617		
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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)(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: <i>Henry M Ramsey</i>		4-4-05 813 988 1346	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HENRY M RAMSEUR		Date Daytime Phone #	

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