

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000624					
1. Entity Name DON CARTER COMMISSARY COMPANY LIMITED PARTNERSHIP					
Principal Place of Business 1389 NW 136 AVE. SUNRISE, FL 33323			Mailing Address 1389 NW 136 AVE. SUNRISE, FL 33323		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0001304	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARTER, DON 1389 NW 136 AVE. SUNRISE, FL 33323			Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
9. Capital Contributions as Shown on record. \$400.00			10. Amount of Capital Contributions in FLORIDA to date. \$ 400 —		
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	CARTER, DON 9895 SW 96 ST. MIAMI, FL 33176		STREET ADDRESS CITY - ST - ZIP	000000367078 05/16/05-80018-025 141.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ISAN, JERRY 2420 NE 27 ST. LIGHTHOUSE POINT, FL 33064		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	POWELL, JOHN JR 36750 US HWY. 19 TARPON SPRINGS, FL 34689		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ROSE, BURT 7025 WEST WIND SYLVANIA, OH 43560		STREET ADDRESS CITY - ST - ZIP		
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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>Jerry Isan</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Jerry Isan</i>		
			DATE <i>4-27-05</i> Daytime Phone # <i>(954) 846-8400</i>		

STAPLE CHECK HERE