

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000899 1. Entity Name KIRBY FAMILY LIMITED PARTNERSHIP #3					
Principal Place of Business 1406 SE 46TH LANE, UNIT 4 CAPE CORAL, FL 33904			Mailing Address 1406 SE 46TH LANE, UNIT 4 CAPE CORAL, FL 33904		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0849026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRBY, LYNN A 1406 SE 46TH LANE, UNIT 4 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$250,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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	KIRBY, LYNN A TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1406 SE 46TH LANE #4		CITY-ST-ZIP		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KIRBY, BRIAN R TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1406 SE 46TH LANE #4		CITY-ST-ZIP		
CITY-ST-ZIP	CAPE CORAL, FL 33904		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 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: <u>Lynn A. Kirby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<u>1/5/05</u> <u>239-542-0073</u> <small>Date Daytime Phone #</small>		



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