

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A98000001236 1. Entity Name LINDER COUSINS LIMITED PARTNERSHIP |  |
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| Principal Place of Business 108 WOODCREEK DRIVE SOUTH SAFETY HARBOR FL 34695-5511 | Mailing Address 108 WOODCREEK DRIVE SOUTH SAFETY HARBOR FL 34695-5511 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
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1ST MOORE CR2E003 (10/04)

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| 4. FEI Number 59-3560881 | 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 LINDER, OWEN 108 WOODCREEK DRIVE SOUTH SAFETY HARBOR FL 34695-5511 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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 <u><i>Owen Linder</i></u> Signature, typed or printed name of registered agent and title if applicable | DATE |
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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| 9. Capital Contributions as Shown on record. \$295,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$295,000.00 |
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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 | |
|---------------------------------|------------------------------------|
| DOCUMENT # | |
| NAME | LINDER, OWEN |
| STREET ADDRESS | 108 WOODCREEK DRIVE SOUTH |
| CITY-ST-ZIP | SAFETY HARBOR FL 34695-5511 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 13. ADDRESS CHANGES ONLY | |
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| STREET ADDRESS | |
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02/02/05 00012 022 526.25

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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 |
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| SIGNATURE: <u><i>Owen Linder</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | OWEN LINDER MD 108 WOODCREEK DR S Date 1/26/05 Daytime Phone 727 726-4721 |
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STAPLE CHECK HERE