


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

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

DOCUMENT # A98000001237 1. Entity Name NEPTUNE WAREHOUSE, LTD.	
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Principal Place of Business 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH FL 33415	Mailing Address 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH FL 33415
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0835972** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NEPTUNE WAREHOUSE, INC. ATTN: WILLIAM B. REICHEL, PRES. 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH FL 33415	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$165,000.00** 10. Amount of Capital Contributions in FLORIDA to date

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 #	P98000035053	STREET ADDRESS	
NAME	NEPTUNE WAREHOUSE, INC.	CITY- ST- ZIP	
STREET ADDRESS	4524 GUN CLUB ROAD, SUITE 212		
CITY- ST- ZIP	WEST PALM BEACH FL 33415		
DOCUMENT #		STREET ADDRESS	U000000196641
NAME		CITY- ST- ZIP	01/26/05-80077-010-526.25
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STREET ADDRESS			
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)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **1-21-05 561-478-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE