

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000001282

1. Entity Name
QUIETWATER LIMITED PARTNERSHIP



FILED

2005 APR 13 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1101 GULF BREEZE PARKWAY, STE. 200
GULF BREEZE, FL 32561

Mailing Address
1101 GULF BREEZE PARKWAY, STE. 200
GULF BREEZE, FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1101 Gulf Breeze Pkwy Ste 109
City & State

Suite, Apt. #, etc.
1101 Gulf Breeze Pkwy Ste 109
City & State

04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3512026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$4,201,141.47

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

DOCUMENT # P97000102341
NAME QUIETWATER CAPITAL MANAGEMENT, INC.
STREET ADDRESS 1101 GULF BREEZE PARKWAY, STE. 200
CITY-ST-ZIP GULF BREEZE, FL 32561

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

200054037772
05/09/05 01012 025 ***528.25

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2005 (850) 932-1600

Date

Daytime Phone #

STAPLE CHECK HERE