

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

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001374

1. Entity Name

130 NORTH DIXIE HIGHWAY, LTD.



Principal Place of Business
 166 HARVARD DRIVE
 LAKE WORTH FL 33460

Mailing Address
 166 HARVARD DRIVE
 LAKE WORTH FL 33460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1ST MOORE

CR2E003 (10/04)

4. FEI Number

65-0847693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLI, PHILIP V
 166 HARVARD DRIVE
 LAKE WORTH FL 33460

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

FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions
 as Shown on record.

\$1,000.00

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 # P98000049224
 NAME 130 NORTH DIXIE HIGHWAY, INC.
 STREET ADDRESS 166 HARVARD DRIVE
 CITY- ST- ZIP LAKE WORTH FL 33460

STREET ADDRESS

CITY- ST- ZIP

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CITY- ST- ZIP

000000255235

03/08/05-80008-017 141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PHILIP V. SPINELLI

Date

Daytime Phone #

3/1/05 5615822796

STAPLE CHECK HERE