



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # A98000001737 1. Entity Name THE ANTAEUS LIMITED PARTNERSHIP OF FORT PIERCE | | | |  | |
| Principal Place of Business 3200 N. A-1-A HI-WAY #710 FT PIERCE, FL 34949 | | | Mailing Address 8014 STATE LINE, #203 LEAWOOD, KS 66208 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  03262005 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | | |
| Zip Country | | Zip Country | | | |
| 4. FEI Number 74-2805489 | | 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 SNYDER, WILLARD B 3200 N. A-1-A HI-WAY #710 FT PIERCE, FL 34949 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$10,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 5,661,646.00 | | | |
| 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 | | |
| STREET ADDRESS | SNYDER, WILLARD B | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | 3200 N. A-1-A HI-WAY #710 FT PIERCE, FL 34949 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | SNYDER, ROLF D | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | 8014 STATE LINE #203 LEAWOOD, KS 66208 | | | | |
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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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE: Willard B Snyder GP Willard B Snyder 7 Apr 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

STAPLE CHECK HERE