

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A98000001894



1. Entity Name
 GRANT INVESTMENTS LIMITED PARTNERSHIP

Principal Place of Business
 10180 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952

Mailing Address
 10180 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952

2. Principal Place of Business 3. Mailing Address



01142005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
 91-1844382

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

GRANT, MERRILL A
 10180 S. TROPICAL TRAIL
 MERRITT ISLAND, FL 32952

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. \$100.00

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 #
 NAME THE MERRILL GRANT FAMILY TRUST
 STREET ADDRESS 10180 S. TROPICAL TRAIL
 CITY-ST-ZIP MERRITT ISLAND, FL 32952

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME THE DESPINA GRANT FAMILY TRUST
 STREET ADDRESS 10180 S. TROPICAL TRAIL
 CITY-ST-ZIP MERRITT ISLAND, FL 32952

STREET ADDRESS
 CITY-ST-ZIP

000000220069
 02/08/05-80053-024 141.25

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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)(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

Date

Daytime Phone #

1/27/05 321-277-1337

STAPLE CHECK HERE