

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002083**

1. Entity Name  
**DEALEXANDRIS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**3603 EDGEWATER DRIVE  
SEBRING, FL 33872**

Mailing Address  
**% PURCELL, FLANAGAN & HAY, P.A.  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0863285**

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

**DEALEXANDRIS, ROBERT A  
3603 EDGEWATER DRIVE  
SEBRING, FL 33872**

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. **\$4,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$731,206.00**

**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  
CITY - ST - ZIP  
**DEALEXANDRIS, ROBERT A TRUSTEE  
3603 EDGEWATER DRIVE  
SEBRING, FL 33872**

STREET ADDRESS  
CITY - ST - ZIP  
**000000361508  
05/05/05-80075-019 526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DEALEXANDRIS, SHARON A TRUSTEE  
3603 EDGEWATER DRIVE  
SEBRING, FL 33872**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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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:**

**Robert A. Dealexandris**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Robert A. Dealexandris**

**4/22/05**  
Date

**843H66230**  
Daytime Phone #

STAPLE CHECK HERE