


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
Feb 02, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A98000002208</b> 1. Entity Name A. ELIAS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 19750 BEACH ROAD, UNIT #502 JUPITER ISLAND, FL 33469			Mailing Address 19750 BEACH ROAD, UNIT #502 JUPITER ISLAND, FL 33469		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number 65-0801459			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01102005      Chg-LP      CR2E003 (10/03)		
6. Name and Address of Current Registered Agent  BROBERG, PETER S 223 PERUVIAN AVENUE PALM BEACH, FL 33480				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 title if applicable</small>					
9. Capital Contributions as Shown on record.      \$3,601,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ELIAS, ALBERT J TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	19750 BEACH ROAD, UNIT #502 JUPITER ISLAND, FL 33469				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ELIAS, REA TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	19750 BEACH ROAD, UNIT #502 JUPITER ISLAND, FL 33469				
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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)(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: _____			_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
			Date _____ Daytime Phone # _____		

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