

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002603 1. Entity Name THE CHESEBRO FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 9675 SWAN LAKE DRIVE GRANITE BAY, CA 95746			Mailing Address 9675 SWAN LAKE DRIVE GRANITE BAY, CA 95746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01072005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0639991				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD M. KLITENICK, ESQ. 624 WHITEHEAD STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 \$500,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$500,000 Fee \$526.25			
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 #	P99000036344		STREET ADDRESS		
NAME	A.J.C. & T.R.C., INC.		CITY-ST-ZIP	01/21/05-80011-018 526.25	
STREET ADDRESS	9675 SWAN LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GRANITE BAY, CA 95746		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <i>Kevin Chesebro</i>			Kevin Chesebro 416 1-8-05 7971963		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE