

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000002824

1. Entity Name
ARTHUR C. AND DORIS G. BUTLER FAMILY LIMITED PARTNERSHIP



FILED

2005 MAY -4 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
736 SW BISCAYNE GLEN
LAKE CITY, FL 32025

Mailing Address
736 SW BISCAYNE GLEN
LAKE CITY, FL 32025



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

03302005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3557542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, TOM.W-
10 NORTH COLUMBIA STREET
LAKE CITY, FL 32056

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$12,000.00

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 #	BUTLER, ARTHUR C	STREET ADDRESS	
NAME	736 SW BISCAYNE GLEN	CITY-ST-ZIP	
STREET ADDRESS	LAKE CITY, FL 32025		
CITY-ST-ZIP			
DOCUMENT #	BUTLER, DORIS G	STREET ADDRESS	
NAME	736 SW BISCAYNE GLEN	CITY-ST-ZIP	
STREET ADDRESS	LAKE CITY, FL 32025		
CITY-ST-ZIP			
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CITY-ST-ZIP			

100054290541
05/11/05--01053--014 **145.75

LLP050001862
03/25/05--01019--001
\$26.00

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:

Arthur C Butler

4-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE