


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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

DOCUMENT # A98000002863			
1. Entity Name THE PAVER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231		Mailing Address 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0884199	<input type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PAVER, PAUL L 4370 S. TAMiami TRAIL, #242 SARASOTA FL 34231	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____	
9. Capital Contributions as Shown on record. \$672,400.00	10. Amount of Capital Contributions in FLORIDA to date. <u>Same</u>	

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	
NAME	PAVER, PAUL L	CITY - ST - ZIP	
STREET ADDRESS	4370 S. TAMiami TRAIL, #242		
CITY - ST - ZIP	SARASOTA FL 34231		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PAVER, DORIS	CITY - ST - ZIP	
STREET ADDRESS	4370 S. TAMiami TRAIL, #242		
CITY - ST - ZIP	SARASOTA FL 34231		
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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] **1/24/05** **(941) 922-3516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE