

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000092

1. Entity Name
XOF ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business
1370 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FL 33411

Mailing Address
1370 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FL 33411



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0886522

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FOX, ALICE
1370 BREAKERS WEST BOULEVARD
WEST PALM BEACH, FL 33411

Name
SAME

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. **\$1,000,000.00**

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 #
 NAME **FOX, ALICE**
 STREET ADDRESS **1370 BREAKERS WEST BOULEVARD**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

STREET ADDRESS
SAME
 CITY-ST-ZIP

DOCUMENT #
 NAME **P98000108009**
 STREET ADDRESS **XOF ENTERPRISES, INC.**
 CITY-ST-ZIP **1370 BREAKERS WEST BOULEVARD**
WEST PALM BEACH, FL 33411

STREET ADDRESS
SAME
 CITY-ST-ZIP
11000003671175
05/16/05-80019-025 526.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/05

STAPLE CHECK HERE