

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # A99000000184

1. Entity Name
2585 ASSOCIATES LIMITED



Principal Place of Business
3766 S.E. OCEAN BOULEVARD
STUART, FL 34996

Mailing Address
3766 S.E. OCEAN BOULEVARD
STUART, FL 34996



03192007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
52-2155013

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, WM. FRED
3766 S.E. OCEAN BOULEVARD
STUART, FL 34996

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

1000000701297
04/20/07-80041-020 500.00

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

DOCUMENT # **P99000004839**
NAME **JOSH-JEN, INC.**
STREET ADDRESS **3766 S.E. OCEAN BOULEVARD**
CITY-ST-ZIP **STUART, FL 34996**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Josh Jen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/07
Date

772-219-0910
Daytime Phone #

STAPLE CHECK HERE