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

## Feb 08, 2005 08:00 AM Secretary of State DOCUMENT # A99000000245 1. Entity Name STANLEY G. WILLIAMS PARTNERSHIP, LTD. Principal Place of Business Mailing Address 4 OCEANS W. BLVD., 204 B DAYTONA BEACH SHORES FL 32118 4 OCEANS W. BLVD., 204 B DAYTONA BEACH SHORES FL 32118 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E003 (10/04) Applied For 4. FEI Number City & State City & State 59-3558496 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, STANLEY G 4 OCEANS W. BLVD., 204 B DAYTONA BEACH SHORES FL 32118 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable See Block 11 instructions for fee info. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # P99000006701 STREET ADDRESS PELICAN ENTERPRISES TEAM, INC. STREET ADDRESS 4 OCEANS W. BLVD., 204 B CHY-SI-ZP DAYTONA BEACH SHORES FL 32118 CITY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP <u>1100000220084</u> 02/08/05-80054-014 535.00 DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CUIY-SI-7IP CITY-ST-ZIP ODCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: 🖄

**FILED**