

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000297**

1. Entity Name  
**MONROE PARTNERS, LTD.**



Principal Place of Business  
**U.S. #1 AND COLORADO AVENUE**  
**STUART, FL 34995**

Mailing Address  
**C/O DALE HUDSON**  
**P.O. BOX 9012**  
**STUART, FL 34995-9012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0898000**

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

**HUDSON, DALE M**  
**U.S. #1 AND COLORADO AVENUE**  
**STUART, FL 34995**

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

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

DATE

9. Capital Contributions  
 as Shown on record. **\$441,249.00**

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 **HUDSON, DALE M**  
 STREET ADDRESS **U.S. #1 AND COLORADO AVENUE**  
 CITY-ST-ZIP **STUART, FL 34995**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME **HUDSON, MARY T**  
 STREET ADDRESS **U.S. #1 AND COLORADO AVENUE**  
 CITY-ST-ZIP **STUART, FL 34995**

STREET ADDRESS

CITY-ST-ZIP

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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)(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:**

**DALE M. HUDSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

4-6-05

772-223-6061