

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

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

DOCUMENT # A99000000329

1. Entity Name
THE BEAUSEIGNEUR FAMILY LIMITED PARTNERSHIP



Principal Place of Business
300 S. JOHN RODES BLVD.
MELBOURNE, FL 32904

Mailing Address
300 S. JOHN RODES BLVD.
MELBOURNE, FL 32904



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3566118

Applied For

Not Applicable

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

FLICK, JAMES J
608 E. CENTRAL BLVD.
ORLANDO, FL 32801

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. **\$396,000.00**

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
 STREET ADDRESS
 CITY-ST-ZIP
BEAUSEIGNEUR, JOSEPH L
3490 TURTLE MOUND ROAD
MELBOURNE, FL 32934

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
BEAUSEIGNEUR, LYDIA D
3490 TURTLE MOUND ROAD
MELBOURNE, FL 32934

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 05/16/05-80022-001 526.25

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

5/1/05 (321) 727-2265

Date

Daytime Phone #

STAPLE CHECK HERE