


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000499					
1. Entity Name STOCKHOLMES, LIMITED					
Principal Place of Business 5811 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108			Mailing Address 5811 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____	Country _____	Zip _____	Country _____	4. FEI Number 59-3566543	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$10,000,000.00		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000028109		STREET ADDRESS		
NAME	STOCKHOLMES, INC.		CITY-ST-ZIP		
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 600				
CITY-ST-ZIP	NAPLES, FL 34108				
DOCUMENT #			STREET ADDRESS		
NAME			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)(i), 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 # _____		
Thomas A. Holmes					

STAPLE CHECK HERE

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