

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9: 05

DOCUMENT # A99000000515

1. Entity Name
BLACK RIVER RANCH LIMITED PARTNERSHIP



Principal Place of Business
**C/O MRS. LOIS C. DONOVAN
6401 S.W. THISTLE TERRACE
PALM CITY, FL 34990**

Mailing Address
**% T. MICHAEL CROOK CPA
33 FLAGLER AVENUE
STUART, FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005 Chg-LP CR2E003 (10/03)

4. FEI Number

65-0906488

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

**CROOK, MICHAEL CPA
33 FLAGLER AVENUE
STUART, FL 34994**

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.

\$1,914,200.00

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 # **P99000019646**
NAME **BLACK RIVER RANCH, INC.**
STREET ADDRESS **6401 S.W. THISTLE TERRACE**
CITY-ST-ZIP **PALM CITY, FL 34990**

STREET ADDRESS
CITY-ST-ZIP

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04/05/05--011110--001 **C26 95

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 #

STAPLE CHECK HERE