


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

<b>DOCUMENT # A99000000861</b> 1. Entity Name <b>PENGE FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 14 AM 9:52

Principal Place of Business C/O C & G GRO CORP. 2727 SOUTH TAMIAMI TRAIL SARASOTA FL 34239	Mailing Address C/O C & G GRO CORP. 2727 SOUTH TAMIAMI TRAIL SARASOTA FL 34239
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0922922</b>	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 <b>MARSHALL, ELIZABETH C ESQ. C/O WILLIAMS, PARKER, ET AL 200 SOUTH ORANGE AVE. SARASOTA FL 34236</b>	
7. Name and Address of New Registered Agent Name <b>Clio Penge</b> Street Address (P.O. Box Number is Not Acceptable) <b>2727 S. Tamiami Tr.</b> <b>Sarasota</b> City <b>FL</b> Zip Code <b>34239</b>	

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 *Clio Penge* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. <b>\$1,800,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	<b>P99000048511 C &amp; G GRO CORP. 2727 SOUTH TAMIAMI TRAIL SARASOTA FL 34239</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>300048845963 03/22/05--01021--015 **526.25</b>
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STAPLE CHECK HERE

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: *Clio Penge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #