

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

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

DOCUMENT # A99000001005 1. Entity Name RICHARD VAUGHAN ASSOCIATES, LTD.					
Principal Place of Business 6029 DEACON ROAD SARASOTA, FL 34238			Mailing Address 6029 DEACON ROAD SARASOTA, FL 34238		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-0927866			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 HECKER, SUSAN B 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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 #	P99000055648		STREET ADDRESS		
NAME	RICHARD VAUGHAN ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	6029 DEACON ROAD				
CITY-ST-ZIP	SARASOTA, FL 34238				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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:			Date: 5/3/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: 941-924-3734		



05032005 Chg-LP CR2E003 (10/03)

FL Zip Code

U600000367116
 05/16/05-80021-013 141.25

STAPLE CHECK HERE