

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001320

1. Entity Name
402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.



Principal Place of Business
402 JEFFORDS STREET
CLEARWATER, FL 33756

Mailing Address
1011 JEFFORDS ST., SUITE C
CLEARWATER, FL 33756



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3591634

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

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

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. **\$150,000.00**

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

ABDO, RICHARD M.D.
1011 JEFFORDS STREET, SUITE C
CLEARWATER, FL 33756

STREET ADDRESS

CITY-ST-ZIP

000000196634
01/26/05-80077-007 526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

HUGHES, W. ALLEN M.D.
1305 SOUTH FT. HARRISON AVENUE
CLEARWATER, FL 33756

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHWAB, THOMAS O M.D.
1528 LAKEVIEW ROAD
CLEARWATER, FL 33756

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MOSKOVITZ, GARY M.D.
380 PARK PLACE BLVD., SUITE 150
CLEARWATER, FL 33759

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

PIAZZA, MICHAEL M.D.
1011 JEFFORDS STREET, SUITE C
CLEARWATER, FL 33756

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

ROTHBERG, MICHAEL M.D.
1528 LAKEVIEW ROAD
CLEARWATER, FL 33756

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)(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

1/20/05 **727-446-5993**
 Date Daytime Phone #

STAPLE CHECK HERE