

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001740 1. Entity Name FLG FL. PARTNERS, LTD.					
Principal Place of Business 6617 GLENCOE DR. TEMPLE TERRACE, FL 33617			Mailing Address 6617 GLENCOE DR. TEMPLE TERRACE, FL 33617		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt # etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3613455	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VALENTI, DANIA F 6617 GLENCOE DRIVE TEMPLE TERRACE, FL 33617				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 date if applicable</small>					
9. Capital Contributions as Shown on record. \$2,702,000.00			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 #	P96000023319		STREET ADDRESS	02/19/05-80013-001 526.25	
NAME	F & L INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	6617 GLENCOE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
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CITY-ST-ZIP			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: *Dania F. Valente* 1/24/05 813 988-6923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE