

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 15 AM 9:33

DOCUMENT #A99000001836

1. Entity Name  
CHARLES FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
2306 NEBRASKA AVE.  
FT. PIERCE, FL 34950

Mailing Address  
2306 NEBRASKA AVE.  
FT. PIERCE, FL 34950

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03152005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0951819 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, JOSEPH T  
2306 NEBRASKA AVE.  
FT. PIERCE, FL 34950

7. Name and Address of New Registered Agent

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, and accept the obligations of registered agent.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$750,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 910,000

DATE 6/15/05  
Amt Due \$1,120.00  
~~\$1,120.00~~

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

DOCUMENT #  
NAME CHARLES INVESTMENT MANAGEMENT, L.C.  
STREET ADDRESS 4300 NE JOES POINT RD  
CITY-ST-ZIP STUART, FL 34996

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 000057971960  
CITY-ST-ZIP 07/27/05--01046--010 \*\*526.25

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS FF 526.25  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/05 772 4641650  
Date Daytime Phone #

STAPLE CHECK HERE