

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002039 1. Entity Name DALY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654			Mailing Address 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3614582	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DALY, PAMELA 10850 HILLTOP DRIVE NEW PORT RICHEY, FL 34654				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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE	
9. Capital Contributions as Shown on record. \$300,000.00			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 #	P97000048180			STREET ADDRESS	02/02/05-80035-015 526.25
NAME	DALY COMMUNICATIONS, INC.			CITY-ST-ZIP	
STREET ADDRESS	10850 HILLTOP DRIVE			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				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: <i>Pamela Daly Pres of Daly Comm Inc</i>				Date: <i>1/26/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>	

STAPLE CHECK HERE