


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002107							
1. Entity Name DRYFUSS FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 132 NW 117TH WAY GAINESVILLE, FL 32607			Mailing Address 132 NW 117TH WAY GAINESVILLE, FL 32607				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		03032005 Chg-LP CR2E003 (10/03)			
Zip		Country		4. FEI Number 59-3615202			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DRYFUSS, JOHN A 132 NW 117TH WAY GAINESVILLE, FL 32607			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if not available</small>							
9. Capital Contributions as Shown on record \$400,000.00		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 #	P99000103145		STREET ADDRESS				
NAME	THE DRYFUSS CORPORATION		CITY - ST - ZIP				
STREET ADDRESS	132 NW 117TH WAY						
CITY - ST - ZIP	GAINESVILLE, FL 32607						
DOCUMENT #			STREET ADDRESS	000000267714 03/18/05-80014-015 526.25			
NAME			CITY - ST - ZIP				
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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>Margaret Dryfuss</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
		ORIGINAL					

STAPLE CHECK HERE