

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 28 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002132

1. Entity Name  
PORTER GROUP LIMITED PARTNERSHIP



Principal Place of Business  
C/O KELLY & PASSIDOMO, LLP  
2640 GOLDEN GATE PARKWAY, SUITE 305  
NAPLES, FL 34105-3203

Mailing Address  
C/O KELLY & PASSIDOMO, LLP  
2640 GOLDEN GATE PARKWAY, SUITE 305  
NAPLES, FL 34105-3203



2. Principal Place of Business  
9696 Bonita Beach Road  
Suite Apt. #, etc. 102

3. Mailing Address  
9696 Bonita Beach Road  
Suite Apt. #, etc. 102

04202005 Chg-LP CR2E003 (10/03)

City & State  
Bonita Springs, FL  
Zip 34135 Country USA

City & State  
Bonita Springs, FL  
Zip 34135 Country USA

4. FEI Number  
59-3613362  
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

KELLY, CHARLES M JR.  
C/O KELLY & PASSIDOMO, LLP  
2640 GOLDEN GATE PARKWAY, SUITE 305  
NAPLES, FL 34105-3203

Name Christina P. Forbes

Street Address (P.O. Box Number is Not Acceptable)  
3736 Rachel Lane

City Naples FL Zip Code 34112

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

4-26-05

DATE

9. Capital Contributions  
as Shown on record. \$1,000,000.00

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 FORBES, CHRISTINA P  
STREET ADDRESS 3736 RACHEL LANE  
CITY-ST-ZIP NAPLES, FL 34103

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME PORTER, THOMAS V IV  
STREET ADDRESS 2364 EAST TAMIAMI TRAIL, SUITE 101  
CITY-ST-ZIP NAPLES, FL 34112

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME TRUESDALL, CLARICE P  
STREET ADDRESS 1550 REDWOOD AVE.  
CITY-ST-ZIP BOULDER, CO 80304

STREET ADDRESS  
CITY-ST-ZIP

100054918801  
05/20/05--01050--014 \*\*526.25

DOCUMENT #  
NAME PORTER, JOHN B  
STREET ADDRESS 27301 DRIFT WOOD DRIVE  
CITY-ST-ZIP NAPLES, FL 34135

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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]* 4-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE