

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B00000000190**

1. Entity Name  
**VORSHECK FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**9293 WINFIELD COURT**  
**WEEKI WACHEE, FL 34613**

Mailing Address  
**9293 WINFIELD COURT**  
**WEEKI WACHEE, FL 34613**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FCI Number

**22-3657952**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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

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

DATE

9. Capital Contributions  
 as Shown on record. **-\$993,250.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$993,250.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

**VORSHECK & COMPANY, L.L.C.**

STREET ADDRESS

**9293 WINFIELD COURT**

CITY ST ZIP

**WEEKI WACHEE, FL 34613**

STREET ADDRESS

CITY ST ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

**11000000365895**  
**05/11/05-80019-030 535.00**

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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: ELIZABETH A. VORSHECK** *Elizabeth A. Vorsheck* **4/28/05 (352) 592-6233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE