

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # B00000000270 1. Entity Name MOYAR GROUP LIMITED PARTNERSHIP					
Principal Place of Business 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44120			Mailing Address 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44120		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 34-1816906			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent, and the if applicable					
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. 5,000.00			
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		STREET ADDRESS	CITY-ST-ZIP	
	MOYAR, BERT W				
	16257 ALDERSYDE DRIVE				
	SHAKER HEIGHTS, OH 44120				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
	MOYAR, MARJORIE M				
	16257 ALDERSYDE DRIVE				
	SHAKER HEIGHTS, OH 44120				
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	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)(f), 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: Bert W. Mojar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/05
 Date

(216) 589-0441
 Daytime Phone #