

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**

**Feb 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000413**

1. Entity Name  
**PATIENCE PARTNERS, L.P.**



Principal Place of Business  
**950 NORTH ORLANDO AVE., SUITE 110**  
**WINTER PARK, FL 32789**

Mailing Address  
**950 NORTH ORLANDO AVE., SUITE 110**  
**WINTER PARK, FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3635090**

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

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

DATE

9. Capital Contributions as Shown on record. **\$0.00**

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 # **M01000002680**  
NAME **PATIENCE PARTNERS, LLC**  
STREET ADDRESS **950 NORTH ORLANDO AVE., SUITE 110**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**HARRISON H. AUGUR.**

**2/16/05 970-925-2926**

Date Daytime Phone #

STAPLE CHECK HERE