


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000361 1. Entity Name THE GESS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			Mailing Address 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 01-1305676	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$582,000.00			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		STREET ADDRESS		
NAME	GESS, WILLIAM B JR.		CITY-ST-ZIP		
STREET ADDRESS	750 WALNUT HILL, CHILESBURG RD.				
CITY-ST-ZIP	LEXINGTON, KY 40509				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GESS, ELIZABETH P		CITY-ST-ZIP		
STREET ADDRESS	750 WALNUT HILL, CHILESBURG RD.				
CITY-ST-ZIP	LEXINGTON, KY 40509				
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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: <u>W B Gess</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2/24/05 <small>Date</small>		(859) 269-4542 <small>Daytime Phone #</small>

STAPLE CHECK HERE



01-1305676

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