

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

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # B96000000153**

1. Entity Name  
**FLORIDA HOMESTEAD LIMITED PARTNERSHIP**



Principal Place of Business  
**380 UNION STREET  
WEST SPRINGFIELD, MA 01089**

Mailing Address  
**380 UNION STREET  
WEST SPRINGFIELD, MA 01089**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005

Chg-LP

CR2E003 (10/03)

4. FEI Number

**04-3313156**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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.

**\$8,500,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**Zero**

**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 # **F96000002275**  
NAME **NEPSA 1996 PROPERTY INVESTORS, INC.**  
STREET ADDRESS **380 UNION STREET**  
CITY-ST-ZIP **WEST SPRINGFIELD, MA 01089**

STREET ADDRESS

CITY-ST-ZIP

**000000363265**  
**05/05/05-R0149-014 141.25**

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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)(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

**Jeremy Pava,**  
**Treasurer of**  
**General Partner**

**4/21/05**

Date

**413-439-6306**

Daytime Phone #

STAPLE CHECK HERE