

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # B96000000255

1. Entity Name
419 ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
1805 U.S. HWY 82 WEST
TIFTON, GA 31794

Mailing Address
P.O. BOX 186
TIFTON, GA 31793

FILED

05 MAY 16 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05022005 Chg-LP CR2E003 (10/03)

4. FEI Number
58-2245521

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

BROWN, C. DAVID II
C/O BROAD AND CASSEL
390 NORTH ORANGE AVENUE
ORLANDO, FL 32802

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. \$225,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 345,160.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # P40431
NAME STAFFORD CAPITAL CORPORATION
STREET ADDRESS 1805 U.S. HWY 82 WEST
CITY-ST-ZIP TIFTON, GA 31794

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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#52625

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/3/05

Date

229-386-0552

Daytime Phone #

STAPLE CHECK HERE