

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # B98000000723

1. Entity Name

MARILYN O. KURTZ FAMILY, L.P.



FILED
05 FEB 17 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4948 NORTH WESTHAVEN DR.
JACKSON MS 39209

Mailing Address

P.O. BOX 235
JACKSON MS 39205-0235

2. Principal Place of Business

4815 HWY. 80 WEST

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSON MS

City & State

Zip

Country

39209

INDS

Zip

Country

4. FEI Number

64-0881724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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

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

DATE

9. Capital Contributions as Shown on record.

\$95,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

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

DOCUMENT #

NAME

KURTZ, MARILYN O

STREET ADDRESS

4948 NORTH WESTHAVEN DR.

CITY-ST-ZIP

JACKSON MS 39209

DOCUMENT #

NAME

KURTZ, FRANK PAUL

STREET ADDRESS

2390 PARSONS ROAD

CITY-ST-ZIP

RAYMOND MS 39154

DOCUMENT #

NAME

KURTZ, LAWRENCE A

STREET ADDRESS

2388 PARSONS ROAD

CITY-ST-ZIP

RAYMOND MS 39154

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Frank P. Kurtz Jr.

FRANK P. KURTZ JR

2-4-05

601-922-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE