2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 01, 2005 08:00 AM Secretary of State

| Due By May 1, 2005 | | | | | Secretary of State | | |
|---|--|---|-------------------|-----------------------|---|----------------------------|--------------------------------|
| DOCUMENT # A9600002158 1. Entity Name SANSING FAMILY PARTNERSHIP, LTD. | | | | | Secretary of State | | |
| Principal Place of Business 4875 MANOLETE ST. PENSACOLA, FL 32504 | | Mailing Address 4875 MANOLETE ST. PENSACOLA, FL 32504 | | See W. T. | | | |
| Principal Place of Business 3. Mailing Address | | 3. Mailing Address | s | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | 02102005 | | CR2E003 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3418 | | Applied For Not Applicable | |
| Zip | Zip Country Zip | | Country | | | f Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered Agent | | |
| SANSING, ROBERT C 4875 MANOLETE ST. PENSACOLA, FL 32504 | | | } | Street Address (| ss (P.O. Box Number is Not Acceptable) | | |
| LINDAGO | 7EA, 1 E 32304 | | | City | | | FL Zip Code |
| | named entity submits this statement for | d office or register | ed agent, or both | , in the State of Flo | | | |
| the obligations of registered agent. | | | | | | | |
| SIGNATURE Signature, typed or protect name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions | | | | | | | DATE |
| as Shown on record. \$784,000.00 in FLORIDA to date. | | | | | ··········· | \$526.2 | |
| 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 1 | | | | | | ADDRESS CHA | ANGES ONLY |
| NAME STREET ADDRESS | SANSING, ROBERT C | | | ET ADDRESS | | | |
| CITY-ST-ZIP | 7010 1110 = 212 417 | | CITY- | ST - ZIP | | | |
| DOCUMENT # | NT / SANSING, PEGGY L | | STREE | T ADDRESS | <u> </u> | | |
| STREET ADDRESS CITY-ST-ZIP | 4875 MANOLETE ST. PENSACOLA, FL 32504 | | СПУ | ST-ZIP | | | |
| DOCUMENT # NAME | | | STREE | et address | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY - | ST - 21P | | | |
| DOCUMENT # NAME | | | STREE | T ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | C(fY- | St-ZIP | | | |
| DOCUMENT # NAME | | | SIREE | 1 ADDRESS | | | |
| STRLET ADDRESS City-St-Zip | | | CITY- | ST-Z1P | | | |
| DOCUMENT / NAME | | | STREE | ET ADDRESS | | | • |
| STREET ADDRESS Crty-St-ZIP | | | _L | SI-ZIP | | | |
| 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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 Stoly 13. 2 post | | | | | | | |
| SIGNATURE: / Signature and typed on Printed Name of Signing general Partner Robert C. Sansing / 2-2-3-95 Signature and typed on Printed Name of Signing general Partner Date Conjunct Phone 4 | | | | | | | |
| L | SIGNATURE AND TYPED O | T POWED HAME OF SIGNING GENERI | AL FAMINE | <u> </u> | | Date | CHYPTEROUTER |