

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # B00000000309					
1. Entity Name PRINCIPAL MANAGEMENT PARTNERS, L.P.					
Principal Place of Business C/O GREENBERG TRAUIG, P.A. 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH, FL 33401			Mailing Address C/O GREENBERG TRAUIG, P.A. 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05052005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 06-1558961	
Zip		Country		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		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. \$2,970.00		10. Amount of Capital Contributions in FLORIDA to date.		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 # NAME STREET ADDRESS CITY-ST-ZIP	F00000005600 PRINCIPAL MANAGEMENT PARTNERS GP, INC. 777 SOUTH FLAGLER DRIVE, SUITE 300-E WEST PALM BEACH, FL 33401		STREET ADDRESS CITY-ST-ZIP	000000368088 05/24/05-80003-013 141.25	
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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 Date _____ Daytime Phone # _____					

SAMPLE USE ONLY HERE

Principal Management Partners

Joan Schlesinger Director