

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -8 PM 12:33

<b>DOCUMENT # A0400000883</b>	
1. Entity Name <b>A.B. WEBSTER PARTNERSHIP, LTD.</b>	
Principal Place of Business <b>1806 38TH AVENUE EAST BRADENTON FL 34205</b>	Mailing Address <b>1806 38TH AVENUE EAST BRADENTON FL 34205</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>
<b>BLALOCK, WALTERS, HELD &amp; JOHNSON, P.A.</b> <b>802 11TH STREET WEST</b> <b>BRADENTON FL 34205</b>		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____
9. Capital Contributions as Shown on record. <b>\$22,074,207.00</b>	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L04000040901</b> <b>A.B. WEBSTER, LLC</b> <b>1806 38TH AVENUE EAST</b> <b>BRADENTON FL 34205</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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STAPLE CHECK HERE

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:** Adrian M **2/1/05 (941) 761-0037**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #