2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000000615

1. Entity Name
BAILES FAMILY LIMITED PARTNERSHIP

FILED
2005 MAR -7 P 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6424 PINE CASTLE BLVD., STE. A
ORLANDO, FL 32809

Mailing Address
6424 PINE CASTLE BLVD., STE. A
ORLANDO, FL 32809

01032005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3404042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILES, CHARLES E JR.
6424 PINE CASTLE BLVD., STE. A
ORLANDO, FL 32809

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

9. Capital Contributions as Shown on record. $1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date. $1,200,000.00

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 #		STREET ADDRESS	
NAME	BAILES, CHARLES J JR.		
STREET ADDRESS	6424 PINE CASTLE BLVD., STE. A		
CITY-ST-ZIP	ORLANDO, FL 32809	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	400004812244 03/10/05--01010--011 **526.25
NAME	BAILES, JACQUELINE H		
STREET ADDRESS	6424 PINE CASTLE BLVD., STE. A		
CITY-ST-ZIP	ORLANDO, FL 32809	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: CHARLES E. BAILES, JR. Charles E Bailes Jr 03/03/2005 407-816-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #