

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

\$ 526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:48

DOCUMENT # A96000001201 1. Entity Name JOHN W. STONE INVESTMENTS, LTD.					
Principal Place of Business 6230 CR 13 SOUTH HASTINGS FL 32145			Mailing Address P.O. BOX 74 HASTINGS FL 32145		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 74 Hastings, FL 32145			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3389027			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STONE, JOHN W 6230 CR 13 SOUTH HASTINGS FL 32145			7. Name and Address of New Registered Agent Name John W. Stone Street Address (P.O. Box Number is Not Acceptable) 6230 C.R. 13 South City Hastings FL Zip Code 32145		
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. \$10,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,400,000			
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	STONE, JOHN W 6230 CR 13 SOUTH HASTINGS FL 32145		STREET ADDRESS CITY-ST-ZIP	300048499043 03/16/05--01009--020 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BENNETT, TOMMIE 6230 CR 12 SOUTH HASTINGS FL 32145		STREET ADDRESS CITY-ST-ZIP	605 Purvis Road Seville, FL. 32145 32190	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____		STREET ADDRESS CITY-ST-ZIP	_____	
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DOCUMENT # NAME 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: 			John W. Stone 3-6-05 904-692-1428		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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