

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Jan 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A97000001232**  
1. Entity Name  
WELLS FAMILY LIMITED PARTNERSHIP



Principal Place of Business 1600 U.S. 27 S. AVON PARK, FL 33825  
Mailing Address 1600 U.S. 27 S. AVON PARK, FL 33825

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

4. FEI Number 65-0760064 Applied For Not Applicable

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

WELLS BROTHERS INVESTMENTS, INC.  
1600 U.S. 27 S.  
AVON PARK, FL 33825



01222005 Chg-LP CR2E003 (10/03)

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 NA DATE

9. Capital Contributions as Shown on record. \$980,000.00  
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P97000029196	STREET ADDRESS	1100000202502
NAME	WELLS BROTHERS INVESTMENTS, INC.	CITY-ST-ZIP	01/28/05-80113-012 528.25
STREET ADDRESS	1600 U.S. 27 S.		
CITY-ST-ZIP	AVON PARK, FL 33825		
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CITY-ST-ZIP			

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: Stanley H. Wells STANLEY H. WELLS 1-22-05  
DATE DAYTIME PHONE #