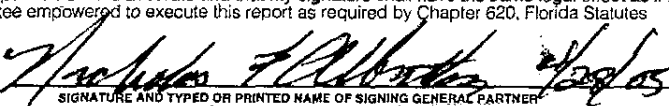


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001599 1. Entity Name ALBRITTON & SONS, LTD.					
Principal Place of Business NO. 3 ALBRITTON ROAD ALTURAS, FL 33820			Mailing Address P.O. BOX 256 ALTURAS, FL 33820		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS, FL 33820				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. \$252,510.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	ALBRITTON, NICHOLAS F TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	PO BOX 255 ALTURAS, FL 33820				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ALBRITTON, DALE E TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	PO BOX 222 ALTURAS, FL 33820				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date				Daytime Phone #	

STAPLE CHECK HERE



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-0963348** Applied For Not Applicable

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

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 05/16/05-00002-013 526.25