


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

**FILED
Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000000877
1. Entry Name
GREEN FAMILY INVESTMENTS, LTD.



Principal Place of Business: P.O. BOX 1568, ST. AUGUSTINE, FL 32085
Mailing Address: P.O. BOX 1568, ST. AUGUSTINE, FL 32085

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

City & State: [Blank]
City & State: [Blank]

Zip: [Blank] Country: [Blank] Zip: [Blank] Country: [Blank]



01252005 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-3504300
Applied For: [Blank] Not Applicable: [Blank]

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

6. Name and Address of Current Registered Agent
GREEN, HENRY FRED
2 CHARLES STREET
ST. AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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: [Blank] DATE: [Blank]
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$1,000,000.00
10. Amount of Capital Contributions in FLORIDA to date: [Blank]

**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 #	239597	STREET ADDRESS	
NAME	C.F. HAMBLIN, INC.	CITY-ST-ZIP	000000230794
STREET ADDRESS	P.O. BOX 1568		02/16/05-80001-022 526.25
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085		
DOCUMENT #		STREET ADDRESS	
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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)(f), 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: *C.F. Hamblen, Inc.*
By: *[Signature]* GENERAL PARTNER 2-10-05 804-829-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: *H. P. Green III, V.P.*