

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Sep 06, 2005  
Secretary of State**

DOCUMENT# B99000000034

**Entity Name:** THE BOTSFORD FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1130 EAST COLLINWOOD CIRCLE  
OPELIKA, AL 36801

**New Principal Place of Business:**

**Current Mailing Address:**

1130 EAST COLLINWOOD CIRCLE  
OPELIKA, AL 36801

**New Mailing Address:**

**FEI Number:** 63-1212826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOTSFORD, THOMAS M III  
721 NORTH 19TH AVENUE  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 294,000.00  
**Amount of Capital Contributions in Florida to date:** 294,000.00

**GENERAL PARTNER INFORMATION:**

Document #: G98327000157  
Name: THE BOTSFORD MANAGEMENT TRUST  
Address: 1130 EAST COLLINWOOD CIRCLE  
City-St-Zip: OPELIKA, AL 36801

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TOM BOTSFORD

\_\_\_\_\_ Electronic Signature of Signing General Partner

09/06/2005

\_\_\_\_\_ Date