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

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DUE BY MAY 1, 2005						<i>(**</i>)		
DOCUMENT # A9700001925 1. Entity Name NORTH FLORIDA ROCK, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 18 AM 9: 35			
	e of Business RD STREET, SUITE O ITY FL 32405	Mailing Address 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405						
2. Principal P	lace of Business	3. Mailing Address		4,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1ST MOORE CR2E003 (10/04)				
City & State		City & State		4. FEI Number 59-	3471235	Applied For Not Applicable		
Zip 	Country	Zip	Coun	try	5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
WEBB, FRED M 1714 W. 23RD STREET, SUITE O PANAMA CITY FL 32405					treet 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, typed or printed name of registered agent and title if applicable				DATE		11. FILE NOW!!! Due See Block 11 inst	ructions for fee info.	
9. Capital Contributions as Shown on record. \$10,000.00 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					AD	DRESS CHÂNGES ONL	_Y	
DOCUMENT # NAME STREET ADDRESS	F.M.W. CONSTRUCTION SERVICES, INC.			ET ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY	-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS			<u>-</u>	
CITY-ST-ZIP			CITY	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP		<u> </u>	CITY	-ST-ZIP	03/24/05	01049024	もざ **158.75	
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DOCUMENT # NAME			SIRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			•	-\$1-ZIP				
14. I hereby of indicated the received	certify that the information supplied with on this report is true and acceptate and yer or trustee empowered to execute this	this filing does not qualify for that my signature shall have the report as required by Chapte	the exe he same er 620,	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florid nade under oath; that I a	la Statutes. I further cer im a General Partner of	tify that the information the limited partnership or	

3/16/05

850 769-2481

Daytime Phone #