

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A00000000245



1. Entity Name
OFFER FAMILY PARTNERSHIP, LTD.

Principal Place of Business
**4010 BOY SCOUT BOULEVARD, SUITE 700
 TAMPA, FL 33607**

Mailing Address
**4010 BOY SCOUT BOULEVARD, SUITE 700
 TAMPA, FL 33607**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3632903 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OFFER, FRANK J III
 4010 BOY SCOUT BOULEVARD, SUITE 700
 TAMPA, FL 33607**

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

Signature, typed or printed name of registered agent and file if applicable

DATE

9. Capital Contributions 10. Amount of Capital Contributions
 as Shown on record. **\$1,500,000.00** in FLORIDA to date. **1,500,000**

**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. STREET ADDRESS	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	OFFER, FRANK J III 4010 BOY SCOUT BOULEVARD, SUITE 700 TAMPA, FL 33607	CITY-ST-ZIP	U000000365527 05/11/05-80005-008 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCARTHY, SHARON M 6619 HOLLANDAIRE DRIVE BOCA RATON, FL 33433	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, JULIE A 780 PROVIDENCE DRIVE LAWRENCEVILLE, GA 30044	CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/05 (813) 872-5889

Date

Daytime Phone #