


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

**FILED**

**Apr 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A00000000744</b>	
1. Entity Name <b>PHILIP PROPERTIES PARTNERSHIP, LTD.</b>	

Principal Place of Business <b>1233 STOW AVENUE P.O. BOX 2472 PENSACOLA FL 32513</b>	Mailing Address <b>1233 STOW AVENUE P.O. BOX 2472 PENSACOLA FL 32513</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>YONG, FRANK J 4570 ST. JOHNS AVE. SUITE 1A JACKSONVILLE FL 32210</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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.		TT. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$10,000,000.00</b>	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 CITY-ST-ZIP	<b>P00000033755 BOBELLE HARRELL, INC. 1233 STOW AVE., P.O. BOX 2472 PENSACOLA FL 32513</b>	STREET ADDRESS CITY-ST-ZIP	<b>U000000331247 04/26/05 080007 010 526.25</b>
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	
<b>SIGNATURE:</b> <i>Bobelle W. Harrell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4-4-05 850-433-4142 Date Daytime Phone #