


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

DOCUMENT # A00000000788 1. Entity Name YARBOROUGH INVESTMENTS OF BAKER COUNTY, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 9: 05

Principal Place of Business 4670 TOM NORMAN RD MACCLENNEY FL 32063	Mailing Address 4670 TOM NORMAN RD MACCLENNEY FL 32063
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Handwritten initials



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3643339		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YONG, FRANK J 4670 TOM NORMAN RD MACCLENNEY FL 32063	7. Name and Address of New Registered Agent Name FRANK J. Yong Street Address (P.O. Box Number is Not Acceptable) 4570 St. Johns Ave Suite 1A City Jacksonville FL Zip Code 32210
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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.

SIGNATURE *Frank J. Yong* DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	P00000042999	STREET ADDRESS	
NAME	BERNICE YARBOROUGH, INC.	CITY-ST-ZIP	
STREET ADDRESS	4670 TOM NORMAN ROAD		
CITY-ST-ZIP	MACCLENNEY FL 32063		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600049451706
NAME		CITY-ST-ZIP	03/30/05--01006--009 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Ernie T. Womble* **Ernie T. Womble** **3-21-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE