


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000842 1. Entity Name ELIZABETH S. BROOKS FAMILY FLORIDA LIMITED PARTNERSHIP		
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Principal Place of Business 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION CAPTIVA, FL 33924	Mailing Address 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION CAPTIVA, FL 33924
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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 _____



02062005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1009828	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BROOKS, ELIZABETH S 1638 LANDS END VILLAGE SOUTH SEAS PLANTATION CAPTIVA, FL 33924	

7. Name and Address of New Registered Agent	
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 _____	DATE _____
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9. Capital Contributions as Shown on record. - \$3,960,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	BROOKS, ELIZABETH S	STREET ADDRESS	
NAME	1638 LANDS END VILLAGE, SOUTH SEAS PLNTATN	CITY-ST-ZIP	000000230835
STREET ADDRESS	CAPTIVA, FL 33924		02/16/05-80005-011 \$26.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: <u>Elizabeth S. Brooks</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<u>Feb 11, 2005</u> Date	Daytime Phone # _____
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STAPLE CHECK HERE