



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

<b>DOCUMENT # A00000001013</b>					
1. Entity Name <b>LINBERG PROPERTIES FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2460 OLD MOULTRIE RD, SUITE 3 ST. AUGUSTINE FL 32086</b>			Mailing Address <b>P.O. DRAWER 3127 ST. AUGUSTINE FL 32085</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3655818</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SADOWSKI, GEORGE E 2460 OLD MOULTRIE RD, SUITE 3 ST. AUGUSTINE FL 32086</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$425,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000060183			STREET ADDRESS	
NAME	LINBERG, INC.			CITY-ST-ZIP	
STREET ADDRESS	2640 OLD MOULTRIE ROAD, SUITE 3				
CITY-ST-ZIP	ST. AUGUSTINE FL 32086				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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:  <b>resident</b>				4/13/05 904-799-6522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 27 AM 10: 01



1ST MOORE CR2E003 (10/04)

Applied For  
Not Applicable

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

300056707883  
06/29/05 01058 012 \*\*526.25

STAPLE CHECK HERE