

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001060 1. Entity Name HOBBS FAMILY PARTNERSHIP, LLLP					
Principal Place of Business 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309 US				Mailing Address 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country				City & State Zip Country	
4. FEI Number 59-3658515				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBBS, WILLIAM M 7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309			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. \$2,500,000.00		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		
STREET ADDRESS	HOBBS, PATRICIA M TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32309				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	HOBBS, WILLIAM M TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	7235 OLD CHEMONIE CT. TALLAHASSEE, FL 32312				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	HOBBS, WILLIAM M		CITY-ST-ZIP		
CITY-ST-ZIP	7235 OLD CHEMONIE COURT TALLAHASSEE, FL 32309				
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STREET ADDRESS			CITY-ST-ZIP		
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: <i>William M Hobbs, GP</i>			1-20-05		850.385-6183
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE

