


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

DOCUMENT # A00000001083 1. Entity Name THE SARAH R. COLGROVE FAMILY PARTNERSHIP, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 11:11

Principal Place of Business 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE FL 32220	Mailing Address 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE FL 32220
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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)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD, STE 230 JACKSONVILLE FL 32256				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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.		11. 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. \$850,000.00	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	CITY-ST-ZIP
	COLGROVE, SARAH R		
	10087 PEBBLE RIDGE DRIVE N		
	JACKSONVILLE FL 32220		
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Sarah R. Colgrove</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>
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