

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001118**

1. Entity Name  
**REED FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**P.O. BOX 27820 BAY POINT  
 PANAMA CITY BEACH, FL 32411**

Mailing Address  
**P.O. BOX 27820 BAY POINT  
 PANAMA CITY BEACH, FL 32411**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-3626524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARE, DIANE C  
 2589 JENKS AVE  
 PANAMA CITY, FL 32405**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$1,450,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

11. Amount Due  
**\$535.00**

**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 # **P99000042577**  
 NAME **OSTEON INC**  
 STREET ADDRESS **P.O. BOX 27820 BAY POINT**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32411**

STREET ADDRESS

CITY-ST-ZIP

05/06/05-80013-005 535.00

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-05**

Date

**850-747-9463**

Daytime Phone #

STAPLE CHECK HERE