


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

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001155					
1. Entity Name FRANZ FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 160 ROSEHILL DR W TALLAHASSEE FL 32312			Mailing Address 160 ROSEHILL DR W TALLAHASSEE FL 32312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3666670	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FRANZ, SINCLAIR 3149 OLD U.S. ROAD MARIANNA FL 32446			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. \$1,145,613.00			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 #			STREET ADDRESS		
NAME	FRANZ, SINCLAIR		CITY - ST - ZIP		
STREET ADDRESS	3149 OLD U.S. ROAD				
CITY - ST - ZIP	MARIANNA FL 32446				
DOCUMENT #			STREET ADDRESS		
NAME	FRANZ, ANGELA		CITY - ST - ZIP		
STREET ADDRESS	3149 OLD U.S. ROAD				
CITY - ST - ZIP	MARIANNA FL 32446				
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CITY - ST - ZIP					



1ST MOORE CR2E003 (10/04)

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

U000000230145
02/15/05 80030-015 535.00

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: *Sinclair Franz* *Angela Franz* 1-29-05 8502227402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE