

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

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001309					
1. Entity Name THE FAUNCE FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 979 BEACHLAND BLVD. VERO BEACH, FL 32963			Mailing Address 979 BEACHLAND BLVD. VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-1037972	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH, FL 32963			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. \$7,500,000.00			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 #	L00000010070		STREET ADDRESS		
NAME	FAUNCE MANAGEMENT, L.L.C.		CITY-ST-ZIP	L000000235481 02/19/05-80003-028 526.25	
STREET ADDRESS	979 BEACHLAND BLVD.				
CITY-ST-ZIP	VERO BEACH, FL 32963				
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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)(f), 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>Bret Faunce</i>			2/11/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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