2. 33 LI LITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

	DOCUMENT # A0000001688 1. Entity Name C. HERMAN BEVILLE RANCH, LTD.							FILED				
Ī	Principal Place of Business Mailing Address											
	MARK E. CLEMENTS, P.A. 310 E. MAIN STREET LAKELAND FL 33801				3349 COUNTRY ROAD 545A BUSHNELL FL 33513			2005 MAR -7 P 1:56				
-	2. Principal Place of Business				3. Mailing Address							
1	Suite, Apt.			Suite, Apt. #, e					1ST MOORE CR2E003 (10/04)			
	City & State				ity & State			59-3678446 Not Applic			Applied For Not Applicable	
	Zip Country		Z	Zip Cour		itry	3. Certificate of Status Desired		. \$8 Fe	\$8.75 Additional Fee Required		
[6. Name and Address of Current Re				ered Agent		NI	7. Name and Addres	ss of New Registere	d Age	ent	
- {	MARK E. CLEMENTS, P.A.						Name					
	310	310 EAST MAIN STREET LAKELAND FL 33801					Street Address	(P.O. Box Number is Not Acceptable)				
							City	<u> </u>	F	L	Zip Code	
	 The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. I am familiar with, and accept the obligations of registered agent. 							tered agent, or both,				
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable						DATE	11. FILE NOW!!! Due by May 1; 2005. See Block 11 instructions for fee info.				
•	9. Capital Contributions as Shown on record. \$23,995,626.00 in FLORIDA to date.											
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment										ier.	
						13.		ADDRESS CHANGES ONLY				
	DOCUMENT #	P00000091519				STR	EET ADDRESS					
	NAME STREET ADDRESS	C. HERMAN BEVILLE PROPERTIES 3349 COUNTY ROAD 545A										
	CITY-ST-ZIP	BUSHNEL	L FL 33513			CITY	Y-ST-ZIP	800048122468				
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	STREET ADDRESS CITY-ST-ZIP					CITY	Y-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 employee to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE:											
L			SIGNATURE AND TYPED	OR PRINTE	NAME OF SIGNING GENER	RAL PARTN	ER	D)ale	Day	time Phone #	