

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A00000001795					
1. Entity Name M.G. HARDEE FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 120 NORTH 20TH STREET TAMPA, FL 33605			Mailing Address 120 NORTH 20TH STREET TAMPA, FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARDEE, JAMES B JR. 120 NORTH 20TH STREET TAMPA, FL 33605				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. \$5,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,480,075.00			
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 #	NAME		STREET ADDRESS		
	HARDEE, MARY G				
	120 NORTH 20TH STREET		CITY-ST-ZIP		
	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS		
	HARDEE, JAMES B JR.				
	120 NORTH 20TH STREET		CITY-ST-ZIP		
	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS		
	CAMPBELL, BARBARA H				
	120 NORTH 20TH STREET		CITY-ST-ZIP		
	TAMPA, FL 33605				
DOCUMENT #	NAME		STREET ADDRESS	800049371678	
				03/29/05--01061--010 **526.25	
DOCUMENT #	NAME		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
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>Barbara Campbell</i> BARBARA CAMPBELL			3-12-05		502-895-3099
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

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