


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 10: 02

DOCUMENT # A01000000196					
1. Entity Name CLARKE RESOURCES LIMITED PARTNERSHIP					
Principal Place of Business 1160 NW CR 341 BELL, FL 32619			Mailing Address 476 COFFEE RIDGE ROAD ERWIN, TN 37650		
2. Principal Place of Business			3. Mailing Address 468 COFFEE RIDGE ROAD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State ERWIN, TN		
Zip	Country	Zip	Country	4. FEI Number 59-3704940	
		37650		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUCHAMP, ROBERT J 105 S.E. PARK AVE CHIEFLAND, FL 32626				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.		\$6,000,000.00		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 #	P00000116893		STREET ADDRESS		
NAME	CLARKE RESOURCES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1160 NW CR 341				
CITY-ST-ZIP	BELL, FL 32619				
DOCUMENT #			STREET ADDRESS	500048186425	
NAME			CITY-ST-ZIP	03/11/05--01005--020 **526.25	
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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: <i>Dennis Clarke</i> DENNIS CLARKE			2/23/2005 423 743 4572		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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