
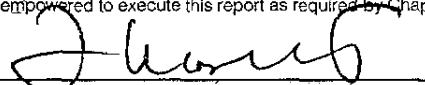


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------------------|---------|--|---|--|
| DOCUMENT # A01000000308 | | | |  | |
| 1. Entity Name FARMERS REALTY LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business % HENDERSON KEASLER LAW FIRM 4309 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224 | | | Mailing Address % HENDERSON KEASLER LAW FIRM 4309 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 04062005 Chg-LP CR2E003 (10/03) | |
| 4. FEI Number 65-1023858 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KEASLER, FRANK R JR 4309 PABLO OAKS COURT, SUITE 5 JACKSONVILLE, FL 32224 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| \$500,000.00 | | | _____ | | |
| 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 # | N/A | | STREET ADDRESS | | |
| NAME | ST. AUGUSTINE LAND TRUST | | CITY-ST-ZIP | | |
| STREET ADDRESS | 4309 PABLO OAKS COURT, SUITE 5 | | 000000365525 05/11/05-80005-007 526.25 | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32224 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
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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:  | | | Frank R. Keasler, Jr. Trustee St Augustine Land Trust General Partner | | |
| _____ | | | 4/29/05 904-992-6949 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE