

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A01000000606

1. Entity Name

THE BUSBEE LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 31 AM 9:07

Principal Place of Business

136 SIGUENZA DRIVE
PENSACOLA FL 32561

Mailing Address

136 SIGUENZA DRIVE
PENSACOLA FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

JS



1ST MOORE

CR2E003 (10/04)

4. FEI Number
59-3729252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBEE, JAN B
136 SIGUENZA DRIVE
PENSACOLA FL 32561

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

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.

\$3,072,000.00

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 # P01000036748
NAME BUSBEE ENTERPRISES, INC.
STREET ADDRESS 136 SIGUENZA DRIVE
CITY-ST-ZIP PENSACOLA FL 32561

STREET ADDRESS

CITY-ST-ZIP

500050093575
04/07/05--01009--020 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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:

Jan B. Busbee - (Busbee Enterprises)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/05
Date

850-324-5013
Daytime Phone #

STAPLE CHECK HERE