


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # A01000000876					
1. Entity Name THE GRADY & SADIE SINGLETON FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 1800 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060			Mailing Address 1800 EAST ATLANTIC BOULEVARD POMPANO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1123884	
5. Certificate of Status Desired <input type="checkbox"/>				CR2E003 (10/03)	
6. Name and Address of Current Registered Agent PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name: DARRYL L. HICKLE Street Address (P.O. Box Number is Not Acceptable): 2600 NE 14th ST. City: POMPANO BEACH FL 33062	
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: <i>Darryl L. Hickle</i> DATE: 07/26/05					
9. Capital Contributions as Shown on record. \$1,000,000.00			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 #	P01000064781			STREET ADDRESS	
NAME	SINGLETON MANAGEMENT, INC.			CITY-ST-ZIP	
STREET ADDRESS	1800 EAST ATLANTIC BOULEVARD				
CITY-ST-ZIP	POMPANO BEACH, FL 33060				
DOCUMENT #				STREET ADDRESS	
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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)(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>Grady Singleton</i>				DATE: 7/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DATE	

STAPLE CHECK HERE