


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

<b>DOCUMENT # A01000000966</b>			
1. Entity Name <b>HENNESSEY FAMILY PARTNERSHIP, LTD.</b>			
Principal Place of Business <b>% ROOD &amp; ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602</b>		Mailing Address <b>% ROOD &amp; ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -8 AM 8:52



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>HENNESSEY, DONNA C % ROOD &amp; ASSOCIATES 200 PIERCE STREET, #2-B TAMPA FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$250,000.00</b>	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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>HENNESSEY, DONNA C 200 PIERCE STREET, #2-B TAMPA FL 33602</b>	STREET ADDRESS CITY-ST-ZIP	<b>600046398526 03/15/05--01006--001 **526.25</b>
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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:

*Margaret R. Williams*  
Margaret R. Williams

March 5, 2005 904-2646520  
Date Daytime Phone #

STAPLE CHECK HERE