


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

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001030	
1. Entity Name FARISH FAMILY LIMITED PARTNERSHIP	

Principal Place of Business PO BOX 4118 WEST PALM BEACH FL 33402-4118	Mailing Address PO BOX 4118 WEST PALM BEACH FL 33402-4118
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-1108105 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

FARISH, JOSEPH D JR.
316 BANYAN BOULEVARD
WEST PALM BEACH FL 33401

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** _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$4,000,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** _____

ATTN: FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	FARISH, JOSEPH D JR.	STREET ADDRESS	
NAME	316 BANYAN BOULEVARD	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH FL 33401		
CITY-ST-ZIP			
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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)(l), 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:  **DATE:** 4/26/05 **DAYTIME PHONE:** 561-659-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE