

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001542					
1. Entity Name FAMILY TREE ENTERPRISES LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972			Mailing Address 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Zip	
6. Name and Address of Current Registered Agent LARSON, LOUIS E JR. 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record, \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date, \$5,000,000.00			
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 # NAME STREET ADDRESS CITY-ST-ZIP	LARSON, LOUIS E JR. 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972		STREET ADDRESS CITY-ST-ZIP	1000000331216 04/26/05-80008-003 526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LARSON, GRACE ANN 10,000 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972		STREET ADDRESS CITY-ST-ZIP	8.	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		STREET ADDRESS CITY-ST-ZIP	(Empty)	
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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: <i>Grace Larson</i>			Date: 4/12/05 Daytime Phone #: 803.763.7947		



04082005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1151242 Applied For Not Applicable

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

STAPLE CHECK HERE