


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000001646					
1. Entity Name THE ARLIN TAYLOR RANCH LIMITED PARTNERSHIP					
Principal Place of Business 11855 TAYLOR GRADE ROAD DUETTE, FL 33834			Mailing Address 11855 TAYLOR GRADE ROAD DUETTE, FL 33834		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 22-3850249	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
TAYLOR, ARLIN 11855 TAYLOR GRADE ROAD DUETTE, FL 33834				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. \$1,352,000.00			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 #	TAYLOR, ARLIN TRUSTEE			STREET ADDRESS	
NAME	11855 TAYLOR GRADE ROAD			CITY - ST - ZIP	
STREET ADDRESS	DUETTE, FL 33834				
CITY - ST - ZIP					
DOCUMENT #	TAYLOR, ELEANOR I TRUSTEE			STREET ADDRESS	1100000222161
NAME	11855 TAYLOR GRADE ROAD			CITY - ST - ZIP	02/09/05-80062-012 526.25
STREET ADDRESS	DUETTE, FL 33834				
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				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: <u>Arline Taylor</u>				Date: <u>Feb 1, 2005</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE