


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

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

<b>DOCUMENT # A02000000023</b> 1. Entity Name <b>THE COLE FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>4676 MAI KAI LANE BONITA SPRINGS FL 34134</b>				Mailing Address <b>4676 MAI KAI LANE BONITA SPRINGS FL 34134</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>NO-T APPLICABLE</b> <div style="float: right; font-size: small;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>COLE, CHARLES M 4676 MAI KAI LANE BONITA SPRINGS FL 34134</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. <b>\$289,284.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COLE, CHARLES M		CITY- ST- ZIP		
STREET ADDRESS	4676 MAI KAI LANE				
CITY- ST- ZIP	BONITA SPRINGS FL 34134				
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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>Charles M. Cole</i> <b>Charles M. Cole</b>			4/9/2005 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



1ST MOORE CR2E003 (10/04)

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