


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001065		
1. Entity Name E & P HENDRICKS LIMITED PARTNERSHIP		

Principal Place of Business 1704 N.W. SHORE TERRACE STUART, FL 34994	Mailing Address 1704 N.W. SHORE TERRACE STUART, FL 34994
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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



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 57-1171745		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENDRICKS, EDWARD W 1704 N.W. SHORE TERRACE STUART, FL 34994		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 filer if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	HENDRICKS, EDWARD W	STREET ADDRESS	
NAME	1704 N.W. SHORE TERRACE	CITY-ST-ZIP	
STREET ADDRESS	STUART, FL 34994		
CITY-ST-ZIP			
DOCUMENT #	HENDRICKS, PATRICIA D	STREET ADDRESS	000000367222
NAME	1704 N.W. SHORE TERRACE	CITY-ST-ZIP	05/16/05-80025-019 526.25
STREET ADDRESS	STUART, FL 34994		
CITY-ST-ZIP			
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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)(f), 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 provided by Chapter 620, Florida Statutes.

SIGNATURE: [Signature] 4/25/5 172 692 1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE