


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001506					
1. Entity Name PETERS FAMILY INTERESTS, LTD.					
Principal Place of Business C/O DAVID G. ARMSTRONG 4600 N. OCEAN BLVD. #206 BOYNTON BEACH, FL 33435			Mailing Address C/O DAVID G. ARMSTRONG 4600 N. OCEAN BLVD. #206 BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
State, Apt #, etc		Suite, Apt # etc			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FFI Number 57-1137054			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			58.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARMSTRONG, DAVID G 4600 N. OCEAN BLVD., #206 BOYNTON BEACH, FL 33435			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 date if applicable</small>					
9. Capital Contributions as Shown on record: \$1,485,000.00			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 #	P02000119493		STREET ADDRESS		
NAME	M.S. PETERS, INC., GENERAL PARTNER		CITY-ST-ZIP		
STREET ADDRESS	4600 N. OCEAN BLVD., #206			00000368080	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			05/11/05-80029-006 526.25	
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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)(a), 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 629, Florida Statutes					
BY: Gloria Jean Brody, President					
SIGNATURE: <i>Gloria Jean Brody</i>			4/27/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE