



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

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

|   |   |                           |   |  |  |
|---|---|---------------------------|---|--|--|
| <b>DOCUMENT # A02000001559</b>  |   |                           |   |                       |  |
| <b>1. Entity Name</b><br>ADDRESS FAMILY FLORIDA LIMITED PARTNERSHIP   |   |                           |   |  |  |
| <b>Principal Place of Business</b><br>7101 CAPRI LANE<br>PINELAND, FL 33945   |   |                           | <b>Mailing Address</b><br>PO BOX 420<br>PINELAND, FL 33945                                |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b> |   |                      |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |   | 01082005    Chg-LP    CR2E003 (10/03)  |  |
| City & State  |   | City & State              |   | <b>4. FEI Number</b><br>51-0436762   |  |
| Zip   |   | Country                   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                           | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| ADDRESS, NOEL E<br>7101 CAPRI LANE<br>PINELAND, FL 33945  |   |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code     |  |  |
| <b>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.</b>  |   |                           |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date if applicable.</small>   |   |                           |   |  |  |
| <b>9. Capital Contributions as Shown on record.</b> \$98,000.00   |   |                           | <b>10. Amount of Capital Contributions in FLORIDA to date.</b>                            |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |   |                           |   |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |   |                           | <b>13. ADDRESS CHANGES ONLY</b>   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P02000124173<br>CAPRI HOLDINGS INVESTMENT INCORPORATED<br>7101 CAPRI LANE<br>PINELAND, FL 33945 |                           | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           | STREET ADDRESS<br>CITY-ST-ZIP   | U000000331184<br>04/26/05-80004-016 526.25   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                           | STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| <b>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 required by Chapter 620, Florida Statutes.</b> |   |                           |   |  |  |
| <b>SIGNATURE:</b> <i>Noel Andress</i> <b>3/17/05</b> <b>239 283-1717</b>  |   |                           | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone # |  |  |

STAPLE CHECK HERE