


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

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

|  |                          |         |  |   |  |
|--|--------------------------|---------|--|---|--|
| <b>DOCUMENT # A02000001586</b><br>1. Entity Name<br><b>ADAMS HOLDINGS, LLLP</b>  |                          |         |  |    |  |
| Principal Place of Business<br><b>P.O. BOX 603</b><br><b>PAHOKEE, FL 33476</b>   |                          |         | Mailing Address<br><b>P.O. BOX 603</b><br><b>PAHOKEE, FL 33476</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.   |                          |         | 3. Mailing Address<br>Suite, Apt #, etc.                           |   |  |
| City & State   |                          |         | City & State   |   |  |
| Zip  |                          | Country |  | Zip   |  |
| Country  |                          | Country |  | 4. FEI Number<br><b>02-0668737</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |         |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>NOWICKI, MARK J</b><br><b>14155 US HWY. ONE, STE. 210</b><br><b>JUNO BEACH, FL 33408</b>   |                          |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                          |         |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$1,000.00</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><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 #   | NAME                     |         | STREET ADDRESS   |   |  |
| NAME   | ADAMS, FRANCES E TRUSTEE |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   | 1616 EAST MAIN STREET    |         | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP  | PAHOKEE, FL 33476        |         | CITY-ST-ZIP  |   |  |
| DOCUMENT #   | NAME                     |         | STREET ADDRESS   |   |  |
| NAME   |                          |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS   |                          |         | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP  |                          |         | CITY-ST-ZIP  |   |  |
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| STREET ADDRESS   |                          |         | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP  |                          |         | 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 required by Chapter 620, Florida Statutes. |                          |         |  |   |  |
| SIGNATURE: <i>Debra A. Roberts Pres.</i>   |                          |         | Date: <b>4-13-05</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                          |         | Daytime Phone #: <b>(561) 993-0990</b>                             |   |  |

STAPLE CHECK HERE

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