


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

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001657</b>					
<b>1. Entity Name</b> FRESH ENTERPRISES, LLLP					
<b>Principal Place of Business</b> 7409 FLEMING ISLAND DRIVE GREEN COVE SPRINGS, FL 32043			<b>Mailing Address</b> 7409 FLEMING ISLAND DRIVE GREEN COVE SPRINGS, FL 32043		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 03-0497291	
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>		
WATSON, TODD ESQ 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
<b>9. Capital Contributions as Shown on record.</b>			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
\$3,250,000.00			_____		
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	FRESH, FRANCES M 7409 FLEMING ISLAND DRIVE GREEN COVE SPRINGS, FL 32043		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	FRESH, ELINORE L 7409 FLEMING ISLAND DRIVE GREEN COVE SPRINGS, FL 32043		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____ _____		<b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____ _____	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Elinore L Fresh</u> <b>Elinore L. Fresh</b>			<b>2-23-05</b> <b>904-284-2606</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE