


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001676 1. Entity Name THE DOWDY FAMILY PARTNERS, LTD.					
Principal Place of Business 9018 SOUTHERN BREEZE DR ORLANDO, FL 32836			Mailing Address 1206 E RIDGEWOOD ST ORLANDO, FL 32803		
2. Principal Place of Business 9001 Point Cypress Drive Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Orlando, FL Zip 32836			City & State Zip Country		
4. FEI Number 37-1454318			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02012005 Chg-LP CR2E003 (10/03)		
6. Name and Address of Current Registered Agent DELOACH BRYANT, CARLA ESQUIRE 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent 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 title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			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 #	THE DOWDY FAMILY CORPORATION			STREET ADDRESS	
NAME	9001 POINT CYPRESS DRIVE			CITY-ST-ZIP	
STREET ADDRESS	ORLANDO, FL 32836			CITY-ST-ZIP	
CITY-ST-ZIP				STREET ADDRESS	
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STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP				STREET ADDRESS	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

STAPLE CHECK HERE

05/06/05-80022-017 141.25