

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0300000015

1. Entity Name
HEMBREE FAMILY LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 1335 SECOND STREET 1335 SECOND STREET
 SARASOTA, FL 34236 US SARASOTA, FL 34236 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 20-0856017 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMBREE, JOE R
1335 SECOND STREET
SARASOTA, FL 34236

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10,000.00 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 #	HEMBREE, JOSEPH R	STREET ADDRESS	
NAME	1335 SECOND STREET	CITY - ST - ZIP	700054041197
STREET ADDRESS	SARASOTA, FL 34236		05/09/05--01018--018 **158.75
CITY - ST - ZIP		STREET ADDRESS	
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

STAPLE CHECK HERE

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

SIGNATURE: *Joe R. Hembree, Partner* 4-6-05 941-951-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #