


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:57

DOCUMENT # A03000000224					
1. Entity Name GHEESLING FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 226 EAGLE DRIVE PANAMA CITY BEACH, FL 32407			Mailing Address 226 EAGLE DRIVE PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0688351	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GHEESLING, JOHN L III 226 EAGLE DRIVE PANAMA CITY BEACH, FL 32407			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. \$10,000,000.00			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 #	NAME		STREET ADDRESS		
	GHEESLING, JOHN L III		CITY-ST-ZIP		
STREET ADDRESS	226 EAGLE DRIVE		500050093325		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407				
DOCUMENT #	NAME		STREET ADDRESS	04/07/05--01009--009 **526.25	
	GHEESLING, DEBORAH J		CITY-ST-ZIP		
STREET ADDRESS	226 EAGLE DRIVE				
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407				
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			CITY-ST-ZIP		
STREET ADDRESS					
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)(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: <u>Deborah J. Gheesling</u> <u>Deborah J. Gheesling</u> <u>3/31/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

850 235-1256