2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2005** DÖCUMENT # A03000000311 1. Entity Name SIMS INVESTMENT FAMILY PARTNERSHIP, LLLP Mailing Address Principal Place of Business 1004 WEST IMOGENE ARCADIA FA 34266 1004 WEST IMOGENE ARCADIA FA 34268 2. Principal Place of Business 3. Maling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State . City & State Applied For AP-PLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALDRON, EUGENE F JR.,PA Street Address (P.O. Box Number is Not Acceptable) 124 NORTH BREVARD AVENUE ARCADIA FL 34266 Zlo 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. 11. FILE NOW!!! Due by May 1, 2005. Signature, typed or printed name of régistered agent and étie 4 applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000.00 as Shown on record. in FLORIDA to date 000 W 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 ADDRESS CHANGES ONLY 13. DOCUMENT 4 STREET ADDRESS SIMS, GEORGE O III NATAL STREET ADDRESS 1004 WEST IMOGENE CiTY-ST-7IP ARCADIA FL 34266 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMS U00000346617 STREET ADDRESS 04/30/05-80083-017 141.25 CHY-SI-ZP CITY ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP Cally St . J:P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-71P CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAM STREET ADDRESS CHY.SI. NO CHY-SL-71P DOCUMENT # STREET ADDRESS NAME  $\frac{2}{8}$ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the iniormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 callh, that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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SIGNATURE: