2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

CHECK

STAPLE

SIGNATURE:

## Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # A0300000549 MISAL KHAN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3808 E. 3RD STREET 3808 E. 3RD STREET PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262005 Chg-LP CR2E003 (10/03) City & State City & State 4 FFI Number Applied For 56-2345971 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHAN, MISAL 3808 E. 3RD STREET Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32401 City Zip Code . The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, apped or printed name of registered agent and this if applicable DATE Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS JUNE KHAN, MISAL STREET ADDRESS 3808 E. 3RD STREET CITY-ST-77P CITY-ST-ZIF PANAMA CITY, FL 32401 DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY ST. 718 000000313754 04/18/05-80137-010 141.25 DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT# STREET ADDRESS MARK STREET ADDRESS CITY-ST-209 CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-78 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 eath; 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.

**FILED** 

Dortine Phone #