**2005 LIMITED PARTNERSHIP ANNUAL REPORT** 

	nger .	Due By N	lay 1, 2005				_	_		
	DOCUMENT # /		FILED			: n				
	LYNCH FAMILY PART	YNĆH FAMILY PARTNERSHIP, LLLP				05 AUG -4 AMIL				
	Principal Place of Business 7 COUNTRY CLUB ROAD COCOA BEACH, FL 32931	COUNTRY CLUB ROAD 7 COUNTRY CLU					OS AUG-4 AM 11: 26  TALLAHASSEE. FLORIDA			
	2. Principal Place of Business		3. Mailing Address		ГЖ.					
	Suite, Apt. #, etc.		Suite, Apt. #. etc.				### (IIII ##III ##III ##I	II BAIII 68161 IIBBI I	INSU IMBI EMANI SI INDI	
			·			04192005	Chg-LP	CR2E003		
	City & State		City & State			4. FEI Number 20-0185			Applied For Not Applicable	
	Zip Country		Zip Country		ntry -	5. Certificate o	t Status Desired		3.75 Additional e Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	LYNCH, KEVIN 7 COUNTRY CLUB ROAD COCOA BEACH, FL 32931				Street Address (P.O. Box Number is Not Acceptable)					
					Surest Address (F.O. Dux Number is Not Acceptable)					
					City	To Code				
	9. The above parted entity cub	ha numare at abanaian ita			City FL Zip Code			<u> </u>		
İ	<ol><li>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.</li></ol>									
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				DATE					
Ì	9. Capital Contributions as Shown on record. \$5,000,000.00 In FLORIDA to date.				butions					
	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  DOCUMENT # L03000027160			13.		ADDRESS CHANGES ONLY				
	NAME LYNCH MANA STREET ADDRESS 7 COUNTRY C CITY-ST-ZIP COCOA BEAC			-ST-ZIP	300059175853 08/31/0501032001 **526.25					
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	CITY-ST-ZIP				-S1-ZIP					
	14. I hereby certify that the information supplied with this filling 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:  4/20/05 (3z1)799-0985									
	SIGNATURE:s	IGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING GENER	AL PARTNE	R		4/20/05	(321) Davir	799-0985 na Phone #	