


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 AM 9:20

DOCUMENT # A03000001687			
1. Entity Name THE SNELL FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2963 WULFERT ROAD SANIBEL, FL 33957		Mailing Address 2963 WULFERT ROAD SANIBEL, FL 33957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number NOT APPLICABLE		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	
SNELL, RICHARD A 2963 WULFERT ROAD SANIBEL, FL 33957		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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,000,000.00	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 #	G03321700302	STREET ADDRESS	
NAME	THE RICHARD A. SNELL REVOCABLE TRUST AGREE	CITY-ST-ZIP	200058534762
STREET ADDRESS	2963 WULFERT ROAD		08/12/05--01051--013 **526.25
CITY-ST-ZIP	SANIBEL, FL 33957		
DOCUMENT #	G03321700303	STREET ADDRESS	
NAME	THE SHERIDAN F SNELL REVOCABLE TRUST AGREE	CITY-ST-ZIP	
STREET ADDRESS	2963 WULFERT ROAD		
CITY-ST-ZIP	SANIBEL, FL 33957		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Richard A. Snell (RICHARD A. SNELL) 7/7/05 248/204-8601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #