

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001769

1. Entity Name
THE PLAYFORD FAMILY LIMITED PARTNERSHIP



FILED

05 FEB 14 PM 3:47

STATE OF FLORIDA
TALLAHASSEE

Principal Place of Business
5200 ST. ANDREWS ISLAND DRIVE
VERO BEACH, FL 32967

Mailing Address
5200 ST. ANDREWS ISLAND DRIVE
VERO BEACH, FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082005

Chg-LP

CR2E003 (10/03)

2/14

4. FEI Number
20-0671568

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENNELL, TODD W
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32963

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,900,000.00

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 # L03000052528
NAME PLAYFORD MANAGEMENT, L.L.C.
STREET ADDRESS 5200 ST. ANDREWS ISLAND DRIVE
CITY-ST-ZIP VERO BEACH, FL 32967

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CITY-ST-ZIP

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02/18/05--01007--021 **535.00

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: Gilbert E. Playford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE