2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

2005 APR 25 PM 12: 25 **DOCUMENT # A04000000669** SECRETERY OF STATE
TALLAHASSEE, FLORIDA J. CURTIS WILLIAMS, JR. FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2414 PRETTY BAYOU DRIVE 2414 PRETTY BAYOU DRIVE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20-1255898 Not Applicable Zip 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 WILLIAMS, J. CURTIS JR. 2414 PRETTY BAYOU DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32405 City 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. Hyped or printed name of registered agent and little if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$4,318,134.00 in FLORIDA to date. as Shown on record. 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 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS WILIAMS, J. CURTIS JR. NAME STREET ADDRESS 2414 PRETTY BAYOU DRIVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 DOCUMENT # STREET ADDRESS <u>200054346322</u> 05/12/05--01072--038 ***\$26.25 WILIAMS, CATHY D STREET ADDRESS 2414 PRETTY BAYOU DRIVE CITY-ST-7IP CTTY-ST-ZIP PANAMA CITY, FL 32405 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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

J Cuetis W, LLIAMS 4-22-25 (eso) 69-8886

OH ED