


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 7, 2005**

DOCUMENT # A04000000955		
1. Entity Name BRUCE & MARIAN HUSTON LIMITED PARTNERSHIP		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 23 AM 8:18

Principal Place of Business 550 FAIRWAYS DRIVE TITUSVILLE FL 32780	Mailing Address 550 FAIRWAYS DRIVE TITUSVILLE FL 32780
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FEI Number 32-011 3009		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUSTON, BRUCE G 550 FAIRWAYS DRIVE TITUSVILLE FL 32780	
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7. Name and Address of New Registered Agent	
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 _____

11. FILE NOW!!! Due by September 7, 2005!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,404,000
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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 #	
NAME	HUSTON, BRUCE G
STREET ADDRESS	550 FAIRWAYS DRIVE
CITY-ST-ZIP	TITUSVILLE FL 32780
DOCUMENT #	
NAME	HUSTON, MARIAN T
STREET ADDRESS	550 FAIRWAYS DRIVE
CITY-ST-ZIP	TITUSVILLE FL 32780
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400059178004
CITY-ST-ZIP	00/31/05 01032 205 ***528.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-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

SIGNATURE: *Bruce G. Huston*

8/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE