


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2003

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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|--|--|---|
| DOCUMENT # A04000001002                          |  |  |
| 1. Entity Name<br>OWNBY FAMILY PARTNERSHIP, LTD. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>3801 WOODBRIAR TRAIL<br>ORANGE, FL 32129 | Mailing Address<br>3801 WOODBRIAR TRAIL<br>ORANGE, FL 32129 |
|---|---|

|                                |                                       |
|--------------------------------|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address<br>P.O. Box 290127 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                   |

|                             |                                 |
|-----------------------------|---------------------------------|
| City & State<br>PORT ORANGE | City & State<br>PORT ORANGE, FL |
| Zip<br>Country U.S.         | Zip<br>Country U.S.             |



03032005 Chg-LP CR2E003 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-6237130                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>OWNBY, JAMES D II<br>3801 WOODBRIAR TRAIL<br>ORANGE, FL 32129 | 7. Name and Address of New Registered Agent<br>Name<br>GLENN D. STORCH P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>420 S. Nova Rd.<br>City<br>Daytona Beach FL Zip Code<br>32114 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$100.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|

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 #                      | P00000001627                   | STREET ADDRESS           | P.O. Box 290127       |
| NAME                            | G.D.O. RENTALS & LEASING, INC. | CITY-ST-ZIP              | PORT ORANGE, FL 32129 |
| STREET ADDRESS                  | 3801 WOODBRIAR TRAIL           |                          |                       |
| CITY-ST-ZIP                     | ORANGE, FL 32129               |                          |                       |
| DOCUMENT #                      |                                | STREET ADDRESS           |                       |
| NAME                            |                                | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                |                          |                       |
| CITY-ST-ZIP                     |                                |                          |                       |
| DOCUMENT #                      |                                | STREET ADDRESS           |                       |
| NAME                            |                                | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                |                          |                       |
| CITY-ST-ZIP                     |                                |                          |                       |
| DOCUMENT #                      |                                | STREET ADDRESS           |                       |
| NAME                            |                                | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                |                          |                       |
| CITY-ST-ZIP                     |                                |                          |                       |
| DOCUMENT #                      |                                | STREET ADDRESS           |                       |
| NAME                            |                                | CITY-ST-ZIP              |                       |
| STREET ADDRESS                  |                                |                          |                       |
| CITY-ST-ZIP                     |                                |                          |                       |

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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: James D. Ownby II 3-7-05 386-222-0117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE