

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR -8 PM 2: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04052005 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A04000001329</b>					
1. Entity Name HOLSOMBAKE LIMITED PARTNERSHIP					
Principal Place of Business 604 WOOD TRAIL PANAMA CITY, FL 32405			Mailing Address 604 WOOD TRAIL PANAMA CITY, FL 32405		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				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	
HOLSOMBAKE, JAMES D 604 WOOD TRAIL PANAMA CITY, FL 32405				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 _____ DATE _____					
Signature, typed or printed name of registered agent and fee, if applicable.					
9. Capital Contributions as Shown on record. \$20,000,000.00			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 #	P04000116700		STREET ADDRESS		
NAME	HOLSOMBAKE PROPERTIES, INC.		CITY - ST - ZIP		
STREET ADDRESS	604 WOOD TRAIL				
CITY - ST - ZIP	PANAMA CITY, FL 32405				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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:			4/5/05 (850) 832-0330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE