2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005			_ *:L	
DOCUMENT # A0400001374  1. Entity Name HARPER A. CLARK, JR. FAMILY LIMITED PARTNERSHIP			SECRETARY DIVISION OF CO	ORPORATIONS
			<b>05 M</b> AR 31	Aff 11: 26
Principal Place of Business 6601 PAMELA LANE WEST PALM BEACH, FL 33405 US	Mailing Address 6601 PAMELA LANE WEST PALM BEACH, FL 3	3405 US		NTIN KRIN ERNEN ISHER KINL INDIA GIRKAN GI KANI
Principal Place of Business     3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			02232005 Chg-LP	CR2E003 (10/03)
City & State City & State			4. FEI Number	Applied For Not Applicable
- Zip - Country		-Country	5. Certificate of Status Desired	¢0.75
6. Name and Address of Current	Registered Agent	· ·   · · · · · · · · · · · · · · · · ·	7. Name and Address of New	<u>'</u>
		Name	-	
CLARK, HARPER A JR. 6601 PAMELA LANE WEST PALM BEACH, FL 33405		Street Address	(P.O. Box Number is Not Accepta	ble)
		0.3		- Ti- Code
		City		FL Zip Code
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent	and tile if applicable.			_ DATE
9. Capital Contributions as Shown on record. \$990.00 10. Amount of Capital Contributions in FLORIDA to date.				
			STERED AND ACTIVE WITH	
12. GENERAL PARTNER		13.	ent must be filed to change a  ADDRESS O	CHANGES ONLY
OOCUMENT # L04000062391  NAME CLARK FAMILY INVESTMENTS MANAGEMENT, LLC  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405		STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS - CITY-ST-ZIP:	<u> </u>	CITY-ST-ZIP		
DOCUMENT ≱ NAME	·	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>00005</b> 0 04/06/050109	1031650 5003 **141 25
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		····
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NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<del> </del>	
DOCUMENT #		STREET ADDRESS		
STREEF ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowed to execute the	this filing does not qualify for the that my signature shall have the is report as required by Chanter	ne exemption stated in see same legal effect as it if 620, Florida Statutes	Section 119.07(3)(i), Florida Statute f made under oath; that I am a Gen	es. I further certify that the information eral Partner of the limited partnership or
1	a. Clark	k - ·	3/10/n	5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dale Daytene Phone •				