


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001424			
1. Entity Name THE ARNOLD RANCH FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 706 DEBRA LYNNE DRIVE BRANDON, FL 33511-5807		Mailing Address 706 DEBRA LYNNE DRIVE BRANDON, FL 33511-5807	
2. Principal Place of Business		3. Mailing Address P.O. BOX 683	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRANDON, FL	
Zip	Country	Zip	Country 33509-0683 USA
6. Name and Address of Current Registered Agent ARNOLD, ROBERT H 706 DEBRA LYNNE DRIVE BRANDON, FL 33511-5807		4. FEI Number 20-1979569	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$625,000.00		10. Amount of Capital Contributions in FLORIDA to date. 625,000.00	
11. \$526.25			
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 #	NAME	STREET ADDRESS	
NAME	ARNOLD, ROBERT H	CITY - ST - ZIP	
STREET ADDRESS	706 DEBRA LYNNE DRIVE		
CITY - ST - ZIP	BRANDON, FL 335115807		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ARNOLD, LINDA E		
STREET ADDRESS	706 DEBRA LYNNE DRIVE		
CITY - ST - ZIP	BRANDON, FL 335115807		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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DOCUMENT #	NAME	STREET ADDRESS	
NAME			
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: Robert H. Arnold		4-10-05 813-689-7933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



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