

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000002056	
1. Entity Name THE BAULDREE FARMS FAMILY LIMITED PARTNERSHIP	



Principal Place of Business 2105 BROWNSDALE LOOP ROAD JAY, FL 32565	Mailing Address 2105 BROWNSDALE LOOP ROAD JAY, FL 32565
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

8. Name and Address of Current Registered Agent  BAULDREE, BILLY F 2105 BROWNSDALE LOOP ROAD JAY, FL 32565	
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**FILED**  
05 APR 29 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-2183932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000171186	STREET ADDRESS	900054915109
NAME	J.W. BAULDREE ENTERPRISES, INC.	CITY - ST - ZIP	05/20/05--01041--004 **141.25
STREET ADDRESS	2105 BROWNSDALE LOOP ROAD		
CITY - ST - ZIP	JAY, FL 32565		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

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: <i>Billy Bauldree</i> President	Date: 4-27-05	Daytime Phone #: 850-698-6761
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