


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
- SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 AM 11:47

DOCUMENT # A04000002089					
1. Entity Name THE COPELAND FAMILY LLLP					
Principal Place of Business 17692 COUNTY ROAD 137 WELLBORN, FL 32094			Mailing Address 17692 COUNTY ROAD 137 WELLBORN, FL 32094		
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 20-1775765	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COPELAND, JOHNNY C 17692 COUNTY ROAD 137 WELLBORN, FL 32094				7. Name and Address of New Registered Agent 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 <u>Johnny C Copeland</u> DATE <u>2/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. <u>49,000</u>			
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		
	COPELAND, JOHNNY CARROLL				
	17692 COUNTY ROAD 137		CITY-ST-ZIP		
	WELLBORN, FL 32094				
DOCUMENT #	NAME		STREET ADDRESS		
	COPELAND, GLENDA AKINS				
	17692 COUNTY ROAD 137		CITY-ST-ZIP		
	WELLBORN, FL 32094				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	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: <u>[Signature]</u>			Date <u>2/9/05</u> Daytime Phone # <u>316-72-7412 EX 175</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

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