


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A05259</b> 1. Entity Name GONZALEZ HOMES, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN -8 AM 10: 05	
Principal Place of Business 1780 BATSON LANE CANTONMENT, FL 32533				Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			
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 59-3412062				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				Chg-LP      CR2E003 (10/03)			
6. Name and Address of Current Registered Agent  ETHERIDGE PROPERTY MANAGEMENT 3298 SUMMIT BLVD., SUITE 4 PENSACOLA, FL 32503				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record.      \$174,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
ETHERIDGE, RAY O. 3298 SUMMIT BLVD., SUITE 4 PENSACOLA, FL 32503				STREET ADDRESS CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Ray O. Etheridge</u> 4/27/05      850-434-3585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #</small>							

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