


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A07317**  
1. Entity Name  
**CARRAWAY, LTD.**



Principal Place of Business: **2626 MAHAN DRIVE TALLAHASSEE FL 32308**  
Mailing Address: **2626 MAHAN DRIVE TALLAHASSEE FL 32308**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

*RS*



1ST MOORE CR2E003 (10/04)

4. FEI Number: **59-1889855** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARRAWAY, F. WILSON JR.  
2626 MAHAN DRIVE  
TALLAHASSEE FL 32308**

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.

**11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$500.00** 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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	
DOCUMENT #	
NAME	<b>CARRAWAY, F. WILSON JR.</b>
STREET ADDRESS	<b>3775 GREYFIELD DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>3631 MOSSY CREEK LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FLORIDA 32311</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700054200327</b>
CITY-ST-ZIP	<b>05/10/05-01020-006 ##150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:** *F. Wilson Jr.* **2-28-05** (850) 222-5562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #