


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

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A07392</b>	
1. Entity Name <b>TAFF PROPERTIES LTD.</b>	

Principal Place of Business <b>C/O JOYCE C. MILLENDER, CPA 4432 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327</b>	Mailing Address <b>C/O JOYCE C. MILLENDER, CPA 4432 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-1994397</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LAWHON, OLETA T. HIGHWAY C-375 (P.O. BOX 248) SOPCHOPPY FL 32358</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record <b>\$425,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	

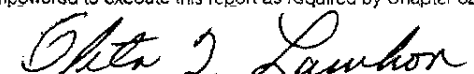
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	TAFF, STEVE G.		
STREET ADDRESS	2074 DEELWOOD DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	TALLAHASSEE FL		
DOCUMENT #	NAME	STREET ADDRESS	
	TAFF, GEORGE S		
STREET ADDRESS	2912 THOMASVILLE RD.	CITY-ST-ZIP	
CITY-ST-ZIP	TALLAHASSEE FL		
DOCUMENT #	NAME	STREET ADDRESS	
	TAFF, HOUSTON E.		
STREET ADDRESS	RT. 3, BOX 68	CITY-ST-ZIP	
CITY-ST-ZIP	CRAWFORDVILLE FL		
DOCUMENT #	NAME	STREET ADDRESS	
	LAWHON, OLETA T		
STREET ADDRESS	P.O. BOX 248 (HWY C-375)	CITY-ST-ZIP	
CITY-ST-ZIP	SOPCHOPPY FL 32358		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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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)(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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_