

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

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A07845 1. Entity Name SINGLETON ASSOCIATES, LTD.					
Principal Place of Business 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207			Mailing Address 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1931423				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent PARSONS, A. T., JR. 5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207			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 _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____	
9. Capital Contributions as Shown on record. \$80,000.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	567808 PROPERTY PLANNING, INC. 5001 PHILLIPS HWY. #7B JACKSONVILLE FL		STREET ADDRESS CITY - ST - ZIP	400000367374 05/16/05-80032-014 526.25	
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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 correct 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			A.T. Parsons, Jr. 4-18-05 904-737-1245 Date Daytime Phone #		

STAPLE CHECK HERE