

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

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

<b>DOCUMENT # A08924</b> 1. Entity Name <b>BUCCANEER MOBILE HOME PARK ASSOCIATES, LTD.</b>					
Principal Place of Business <b>5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207</b>			Mailing Address <b>5001 PHILLIPS HWY. #7B JACKSONVILLE FL 32207</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1998658</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DRUMMOND, KENNETH W. 5001 PHILLIPS HIGHWAY, #7B JACKSONVILLE FL</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 _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. <b>\$80,000.00</b>		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 #	<b>567608</b>		STREET ADDRESS		
NAME	<b>PROPERTY PLANNING, INC.</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>5001 PHILLIPS HWY. #7B</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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1ST MOORE CR2E003 (10/04)

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

**000000367390**  
**05/16/05-80033-025 526.25**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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

**A.T. Parsons, Jr.** **4-20-05** **904-737-1245**

Date

Daytime Phone #