


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

<b>DOCUMENT # A21874</b> 1. Entity Name <b>BLAND PLANTATION, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 AM 10:21

Principal Place of Business <b>14021 NW US HWY 441 ALACHUA FL 32615</b>	Mailing Address <b>14021 NW US HWY 441 ALACHUA FL 32615</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

*Handwritten initials*



1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>CHESBOROUGH, LOWELL D. 14021 NW US HWY 441 ALACHUA FL 32615</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record.	\$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
	CHESBOROUGH, LOWELL D.		
	STREET ADDRESS	CITY-ST-ZIP	
	14021 NW US HWY 441		
	CITY-ST-ZIP		
	ALACHUA FL 32615		
DOCUMENT #	NAME	STREET ADDRESS	
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	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)(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:** \_\_\_\_\_ *Handwritten signature* 2/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #