

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22631</b>		
1. Entity Name THE PAUL FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 2020 DUNDEE RD. WINTER HAVEN, FL 33884	Mailing Address 2020 DUNDEE RD. WINTER HAVEN, FL 33884
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02222005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2673491	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PAUL, EUGENE S  
 2020 DUNDEE RD.  
 WINTER HAVEN, FL 33884

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

9. Capital Contributions as Shown on record. \$1,861,000.00	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	
	PAUL, MARGARET W		1100000361790
STREET ADDRESS	1300 N. LAKE OTIS DR.	CITY-ST-ZIP	05/05/05-80088-011 526.25
CITY-ST-ZIP	WINTER HAVEN, FL 33880		
DOCUMENT #	NAME	STREET ADDRESS	
	PAUL, J R JR.		
STREET ADDRESS	LIVE OAK LANE	CITY-ST-ZIP	
CITY-ST-ZIP	LABELLE, FL 33975		
DOCUMENT #	NAME	STREET ADDRESS	
	PAUL, EUGENE S		
STREET ADDRESS	11 LAKE ELOISE LANE	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		
DOCUMENT #	NAME	STREET ADDRESS	
	PAUL, BRYAN W		
STREET ADDRESS	HIGHWAY 29 SOUTH	CITY-ST-ZIP	
CITY-ST-ZIP	LABELLE, FL 33975		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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)(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: Eugene S Paul 4/21/05 863 293-9906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #