2005 LIMITED PARTNERSHIP ANNUAL REPORT

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FILED Due By September 7, 2005 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A24619** 05 AUG 15 AM 10: 42 PANHANDLE ESTATES OF MILTON, LTD. Principal Place of Business Mailing Address 6585 BROCK AVE. 3758 BENGAL RD. MILTON, FL 32570-1312 GULF BREEZE, FL 32561 2. Principal Place of Business 3. Mailing Address PO Box 20871 Suite, Apt. #, etc Suite, Apt. #, etc. 07252005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number Tuscaloosa 59-2847541 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 3540Z usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORSLEY, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 3758 BENGAL RD. GULF BREEZE, FL 32561 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. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 10. Amount of Capital Contributions 9. Capital Contributions \$95.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS FORSLEY, RICHARD NAME STREET ADDRESS 3758 BENGAL RD. CITY - ST - ZIP CITY-ST-ZIE GULF BREEZE, FL 32561 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>0005888615</del>8 STREET ADDRESS CITY-ST-ZIP 08/23/05--01041--012 \*\*150.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

Richard Forsley 8-8-05 (25) 752.0009 #109

this rep

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER