


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

DOCUMENT # A25060			
1. Entity Name AIR BASE MOBILE HOME PARK, LTD.			
Principal Place of Business 5001 PHILLIPS HIGHWAY 7-B JACKSONVILLE FL 32207		Mailing Address 5001 PHILLIPS HIGHWAY 7-B JACKSONVILLE FL 32207	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 MAY -3 PM 2: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2102623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, A T JR 5001 PHILLIPS HIGHWAY, 7-B 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$24,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

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

**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 #	567608	STREET ADDRESS	
NAME	PROPERTY PLANNING, INC.	CITY-ST-ZIP	
STREET ADDRESS	5001 PHILLIPS HWY 7-B		
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	500055364415
NAME		CITY-ST-ZIP	05/26/05--01022--017 **256.75
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

A.T. Parsons, Jr.

Date

Daytime Phone #

4-20-05 904-737-1245