

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 AUG 31 AM 11:02

<div style="display: flex; justify-content: space-between;"> <span>000000000000 A26557</span> </div>			
<b>1. Entity Name</b> THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-B			
<b>Principal Place of Business</b> P.O. BOX 454 CHICKASHA, OK 73023-0454		<b>Mailing Address</b> P.O. BOX 454 CHICKASHA, OK 73023-0454	
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>		<b>Country</b>	
<div style="display: flex; justify-content: space-between;"> <div> <b>4. FEI Number</b>                      59-2890630                 </div> <div> <b>Applied For</b>  <input type="checkbox"/> Not Applicable                 </div> </div>			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  FOX, DOROTHEA M CPA 5100 OLD HOWELL BRANCH ROAD WINTER PARK, FL 32792		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;">DATE</span>			
<b>9. Capital Contributions as Shown on record.</b> \$71,540.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
<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>	
<b>DOCUMENT #</b> <b>NAME</b> WOLFORD, DALE E <b>STREET ADDRESS</b> 2208 UNIVERSITY PARK <b>CITY-ST-ZIP</b> CHICKASHA, OK 73018		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> WOLFORD, JACQUELINE D <b>STREET ADDRESS</b> 2208 UNIVERSIT PARK <b>CITY-ST-ZIP</b> CHICKASHA, OK 73018		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<div style="text-align: center;"> <b>500059792785</b>  <b>09/20/05--01053--022 **535.00</b> </div>			
<b>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</b>			
<b>SIGNATURE:</b> _____		Date <u>7/15/05</u> Daytime Phone # <u>405-224-2100</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE