2005 LIMITAD PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED **DOCUMENT # A27461** 2005 APR 12 AM 9: 33 HOWELL FARMS, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 1114 BLACKSHEAR ST P.O. BOX 250 DOTHAN, AL 36303 DOTHAN, AL 36302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 CR2E003 (10/03) City & State City & State 4 FEI Number Applied For 63-0988935 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BETTS, BEN F., JR. 104 N. MAGNOLIA DR. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32302 City 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 10. Amount of Capital Contributions \$257,990.00 DATE 9. Capital Contributions as Shown on record. \$327, 329.00 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS HOWELL, HARRY C., III NAME STREET ADDRESS 3 CHAPEL HILL ROAD CITY-ST-ZIP CITY-ST-ZIP DOTHAN, AL 36301 DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 900054033749 CITY-ST-ZIP 05/09/05--01006--007 **526.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; that I am a General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: