2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 08, 2005 08:00 AM Secretary of State

	MENT # A29185				Seci	retary	of State
1. Entity Nam COMCO	il, LTD.	-*	ent e			J	
Principal Plac	ce of Business	Mailing Address	 				
t '	ANGE AVENUE	P.O. BOX 628202					
ORLANDO, FL 32809		ORLANDO, FL 32862-8202					
					(1 BEBU BIRU BURU HIN	I HINI KINKSTI DI INDE
2. Principal F	Place of Business	3. Mailing Address					
Color And II also						Brait Bidit Bidit Fill	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012005 Chg-LP	CR2E003 ((10/03)	
City & State		City & State		4. FEI Number		Applied For	
				65-0165201		Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired		75 Additional Regulred
	6. Name and Address of Curren	nt Registered Agent			7. Name and Address of New R	registered Ager	nt
HOWADD	DODEDTIA ID			Name	•		,
	, ROBERT M., JR. 593800	Street Add		Street Address (I	s (P.O. Box Number is Not Acceptable)		
5571 JESS	SAMINE LANE						
ORLANDO), FL 32859-3800	·					
				City		FL	Zip Code
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing i	its register	ed office or register	ed agent, or both, in the State of Flo	orida. I am famil	lar with, and accept
u ie obligai	lions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.				DATE	
9. Capital Co	ontributions \$1,326,000.00	- 10. Amount of Cap		butions			
as Shown	on record\$1,326,000.00	in FLORIDA to	date.			_	
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY N	IUST BÉ REGIST	ERED AND ACTIVE WITH TH	IS OFFICE.	
12.	GENERAL PARTNE		13.		t must be filed to change a ge ADDRESS CHA		la
DOCUMENT #	198590		_	EET ADDRESS		<u></u>	
NAME	HOWARD FERTILIZER CO INC	· · · · · ·	Sin	FEI WINNESS			
STREET ADDRESS CITY-ST-ZIP	8306 S. ORANGE AVENUE ORLANDO, FL		CITY	'-ST-ZIP			
DOCUMENT #	ORDANDO, I E						· · · · · · · · · · · · · · · · · · ·
NAME			STR	EET ADDRESS	<u> </u>	19973	
STREET ADDRESS			CITY	-ST-ZIP	11/2/108/105-8	00 43= 013	326.23
CITY-ST-ZIP							
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADDRESS			ОПУ	·-ST-ZIP			
CITY-ST-ZIP				J. L.			
DOCUMENT#			STRE	eet address			
NAME SKREET ADDRESS							
CITY-ST-ZIP			CITY	-SI-ZIP			
DOCUMENT #			Still	EET AODRESS		·	
NAME STREET ADDRESS							
CITY-ST-ZIP			слу	-ST-ZIP			
DOCUMENT #			erne	CET ADDRESS	·- <u>-</u> ·		
NAME		1	21H3	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		/1	CITY	-ST-ZIP			
	pertify that the information cumplies with	th this filingatoes hat qualify f	or the eve	motion stated in Sec	ction 119.07(3)(i). Florida Statutos	further certify the	nat the information
indicated the receiv	certify that the information supplied with this filinguises not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information on this report is true and accurate and that hypergraphic shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership of or trustee empowered to execute his report as required by Chapter 620, Florida Statutes						
	1171						
SIGNAT	URE: / lend	Y ZX	<u> </u>	Dan Grab	horn 2-1-05	1407)855-	1841
	SIGNATURE AND TYPED C	OR PRINTED NAME OF SIGNING GENE	RAL PARTN		Date	Daytime	Phone #