


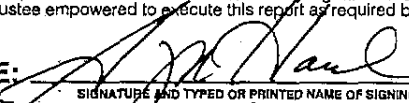
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A31192 1. Entity Name C-CHILDRESS-HARROD #1, LTD.					
Principal Place of Business 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602			Mailing Address 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-1723450	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARROD, GARY W. 777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CHILDRESS, J. DONALD		CITY-ST-ZIP		
CITY-ST-ZIP	999 PEACHTREE STREET NE ATLANTA, GA 30309				
DOCUMENT #	NAME		STREET ADDRESS	UN0000363035	
STREET ADDRESS	HARROD, GARY W.		CITY-ST-ZIP	05/06/05-80020-012 141.25	
CITY-ST-ZIP	777 S. HARBOUR ISLD BLVD TAMPA, FL				
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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

4-28-05 **813-229-1500**
Date Daytime Phone #