


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

<b>DOCUMENT # A31719</b> 1. Entity Name <b>E.J. NELSON FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:33

Principal Place of Business <b>120 N. U.S. HIGHWAY ONE TEQUESTA FL 33469</b>	Mailing Address <b>120 N. U.S. HIGHWAY ONE TEQUESTA FL 33469</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>NELSON, EDWIN JOHN 120 NORTH US HWY ONE TEQUESTA FL 33469</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record. <b>\$1,238,737.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>106,181.</b>
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**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	CITY-ST-ZIP
	NELSON, EDWIN JOHN		
	120 NORTH U.S. HWY ONE		
	TEQUESTA FL		
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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:** *Edwin J. Nelson* **EDWIN J. NELSON** 2/22/05 561-746-0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE