2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 18, 2005 08:00 AM Secretary of State

DOCUMENT # A32177  1. Entily Name 3F RANCH, LTD.			Secretary of St
Principal Place of Business 128 WEST OAK ST ARCADIA, FL 34266	Mailing Address P.O. BOX 2140 ARCADIA, FL 34265		
2. Principal Place of Business	3. Mailing Address	<u> </u>	
Suite, Apt. #, etc.	Suite, Apt. #. etc		02012005 Chg-LP CR2E003 (10/03)
City & State	City & State		4. FE! Number Applied F 65-0298502 Not Applie
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
CARVER, CHARLES H ESQ 101 E. KENNEDY BLVD., #4100 TAMPA, FL 33602		Name Street Address	(P.O. Box Number is Not Acceptable)
-		City	FL Zip Code
The above named entity submits this stateme	nt for the purpose of changing its re	egistered office or registe	red agent, or buth, in the State of Florida. I am familiar with, and ac-
the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered in	seant and little if applicable.		DATE
9. Capital Contributions as Shown on record. \$6,005,430.00	10. Amount of Capital in FLORIDA to date		
			TERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners	MAY NOT be changed on the	e form; an amendmer	nt must be filed to change a general partner.
DOCUMENT# S91096GENERAL PART	NER INFORMATION	13.	ADDRESS CHANGES ONLY
NAME 3F RANCH, INC.	. '	STREET ADDRESS	
STREET ADDRESS 128 WEST OAK ST GITY-ST-ZIP ARCADIA, FL 34266	- · · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	//00000267631 03/18/05-90009-000 Fac a
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		Street address	
STREET AODRESS CTY-ST-ZP		CITY-ST-ZIP	
COCUMENT # NAME	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<u></u>
14. Thereby certify that the information supplied	with this filing does not qualify for the and that my signature shall have the a this report as required by Chapter	ne exemption stated in Se e same legal effect as if m r 620, Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the informationade under oath, that I am a General Partner of the limited partnersh
SIGNATURE: Culie		THAN ULLR	
	DOR PRINTED NAME OF SIGNING GENERAL!		Date . Daytime Phoue #