

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A32224

1. Entity Name  
EMORY CARTER FARM LIMITED PARTNERSHIP



Principal Place of Business  
858 EVERGREEN AVENUE  
LAKE CITY, FL 32025-6846

Mailing Address  
858 EVERGREEN AVENUE  
LAKE CITY, FL 32025-6846

2. Principal Place of Business

546 SE Evergreen Dr  
Suite, Apt. #, etc.

3. Mailing Address

546 SE Evergreen Dr  
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

03042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3093879

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENE, MARY ANN  
546 SE EVERGREEN DRIVE  
LAKE CITY, FL 32025-6875

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

\$2,100,000.00

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

DOCUMENT # P03000024730  
NAME CARTER EVERGREEN, INC.  
STREET ADDRESS 546 SE EVERGREEN DRIVE  
CITY-ST-ZIP LAKE CITY, FL 32025

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Mary Ann Greene

4-1-05

386-752-5549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED  
2005 APR 13 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

