


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

<b>DOCUMENT # A93000000018</b> 1. Entity Name <b>ADCOX ENTERPRISES, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -1 AM 8:51

Principal Place of Business 12401 N 22ND ST, APT G-304 TAMPA FL 33612	Mailing Address 12401 N. 22ND ST. APT #G304 TAMPA FL 33612
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3155351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ADCOX, WILLARD T 12401 N. 22ND ST. APT.#G304 TAMPA FL 33612</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	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	
NAME	ADCOX, WILLARD T	CITY-ST-ZIP	
STREET ADDRESS	12401 N. 22ND ST., APT. #G304		
CITY-ST-ZIP	TAMPA FL 33612		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ADCOX, MILDRED T	CITY-ST-ZIP	
STREET ADDRESS	12401 N. 22ND ST., APT. #G304		
CITY-ST-ZIP	TAMPA FL 33612		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SUTTON, JENNIFER J	CITY-ST-ZIP	
STREET ADDRESS	17325 LINDA VISTA CIRCLE		
CITY-ST-ZIP	LUTZ FL 33549		33548
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:** Willard Adcox WILLARD T. ADCOX 1-27-05 813-975-5375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE