
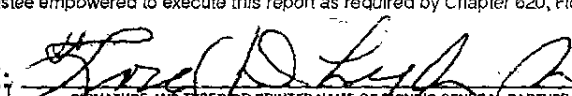
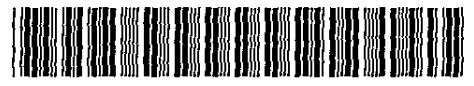


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

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

DOCUMENT # A93000000536					
1. Entity Name LYLE FAMILY FARMS LTD.					
Principal Place of Business 26791 HICKORY LOOP LUTZ FL 33559		Mailing Address 26791 HICKORY LOOP LUTZ FL 33559			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3177277	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEMORROW, WILLIAM C 18167 U.S. HWY 19 N., SUITE 195 CLEARWATER FL 34624		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.					<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$20.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP		
	LYLE, FRED D JR	26791 HICKORY LOOP	LUTZ FL 33549		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP		
	LYLE, JEAN W	26791 HICKORY LOOP	LUTZ FL 33549		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP		
DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP		
DOCUMENT #	NAME	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: 			Date: 4/24/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		



1ST MOORE CR2E003 (10/04)

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