


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000902	
1. Entity Name ELIHOREPH, LTD.	

Principal Place of Business 427 CITY LINE ROAD E BOWLING GREEN FL 33834	Mailing Address P.O. BOX 668 BOWLING GREEN FL 33834
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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)

4. FEI Number 65-0434426	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARKER, JAMES D RT. 1, BOX 250-H COUNTY LINE ROAD, EAST BOWLING GREEN FL 33834	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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE	
9. Capital Contributions as Shown on record. \$600,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	PARKER, JAMES D		
	427 COUNTY LINE ROAD E		
	BOWLING GREEN FL 33834		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	PARKER, CARROLL S		
	427 COUNTY LINE ROAD E		
	BOWLING GREEN FL 33834		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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04/30/05-80063-004 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #