


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001165		
1. Entity Name LUCILLA E. KEEN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 130 EAST CENTRAL AVENUE LAKE WALES, FL 33859-1079	Mailing Address P.O. BOX 1079 LAKE WALES, FL 33859-1079
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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



03262005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3128851	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, CORNEAL B 130 EAST CENTRAL AVENUE LAKE WALES, FL 33859-1079	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$3,698,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,698,000.00
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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	
STREET ADDRESS	441 EAST TILLMAN AVENUE	CITY - ST - ZIP	
CITY - ST - ZIP	LAKE WALES, FL 33853		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	KEEN WITTEN, MARY JO	CITY - ST - ZIP	
CITY - ST - ZIP	2915 SARATOGA LANE		
	TUSCALOOSA, AL 35406		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Lucilla E. Keen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-4-05
Date

Daytime Phone #

STAPLE CHECK HERE