
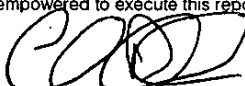


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A94000000830</b>			
1. Entity Name <b>THE COLE FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>1102 BEN FRANKLIN DRIVE APT 307 SARASOTA FL 34236-2255</b>		Mailing Address <b>1102 BEN FRANKLIN DRIVE APT 307 SARASOTA FL 34236-2255</b>	
2. Principal Place of Business		3. Mailing Address <b>1104 Fontaine Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Lexington Ky</b>	
Zip	Country	Zip <b>40502</b>	Country <b>United States</b>
6. Name and Address of Current Registered Agent <b>COLE, VERNON J 1102 BEN FRANKLIN DR APT. NO. 307 SARASOTA FL 34236-2225</b>		4. FEI Number <b>65-0506983</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record, <b>\$2,738,957.39</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000055457 CFP CORP. 1102 BEN FRANKLIN DRIVE APT. 307 SARASOTA FL 34236-2225</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	<b>700047876137 03/08/05--01013--008 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: 		Charles D. Cole, President of C.F.P. Corporation, General Partner of Cole Family Limited Partnership	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date _____ Daytime Phone # _____	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:59



1ST MOORE CR2E003 (10/04)

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