


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A94000001446					
1. Entity Name OVERSTREET FAMILY, LTD.					
Principal Place of Business 511 BOBBIN BROOK LANE TALLAHASSEE, FL 32312			Mailing Address 511 BOBBIN BROOK LANE TALLAHASSEE, FL 32312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  OVERSTREET-JOHNSON, KELLY 511 BOBBIN BROOK LANE TALLAHASSEE, FL 32312				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,786,866.50</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>177,718</b>		
<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	UN00000273874	
NAME	JOHNSON, KELLY O TRUSTEE		CITY-ST-ZIP	03/23/05-90045-013 526.25	
STREET ADDRESS	511 BOBBIN BROOK LANE				
CITY-ST-ZIP	TALLAHASSEE, FL 32312				
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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: <i>Kelly O. Johnson</i>			<i>Kelly O. Johnson, Trustee</i> <i>Tom B. Overstreet Family Trust, Gen Partner</i>		
DATE			<b>3-16-05</b> <b>681-6810</b>		

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