


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

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001551			
1. Entity Name THE M.L. SPALDING LIMITED PARTNERSHIP			
Principal Place of Business 2301 E. LK. HARTRIDGE DR. WINTER HAVEN FL 33881		Mailing Address 2301 E. LK. HARTRIDGE DR. WINTER HAVEN FL 33881	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3280317		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 SPALDING, W T III 2301 E. LK. HARTRIDGE DR. WINTER HAVEN FL 33881		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 <u>W.T. Spalding III</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. 437.50	
9. Capital Contributions as Shown on record. \$8,000,000.00		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	
NAME	W.T. SPALDING, III, CO-TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2301 E. LK. HARTRIDGE DR.		
CITY-ST-ZIP	WINTER HAVEN FL 33881		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MARC GRIFFIN SPALDING, CO-TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	1900 MOSELEY AVE.		
CITY-ST-ZIP	PALATKA FL 32077		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	JOHN CAMPBELL SPAULDING, CO-TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	RT. 1 BOX 108		
CITY-ST-ZIP	BUNNELL FL 32110		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MARGARET HUTT SPALDING MCNAB, CO-TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1230		
CITY-ST-ZIP	FLAGLER BEACH FL 32136		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SPALDING, W. T III	CITY-ST-ZIP	
STREET ADDRESS	1815 HUNTINGTON AVENUE		
CITY-ST-ZIP	JACKSONVILLE FL 32223		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SPALDING, MARC GRIFFIN	CITY-ST-ZIP	
STREET ADDRESS	1900 MOSELEY AVENUE		
CITY-ST-ZIP	PALATKA FL 32077		
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: <u>W.T. Spalding III</u>		Date <u>4/11/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE