


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

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

DOCUMENT # A94000001630 1. Entity Name MINNIX, LTD.			
Principal Place of Business 7485 S.W. 122ND STREET MIAMI FL 33156		Mailing Address PO BOX 127 OCOOEE TN 37361	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  MINNIX, WILLIAM H 7485 S.W. 122ND STREET MIAMI FL 33156		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.		4. FEI Number 65-0536971 Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
<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 #	P94000010546	STREET ADDRESS	
NAME	MINNIX NURSERY, INC.	CITY - ST - ZIP	000000255306 03/08/05-80003-003 526.25
STREET ADDRESS	7485 S.W. 122ND STREET		
CITY - ST - ZIP	MIAMI FL 33156		
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1ST MOORE CR2E003 (10/04)

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *William H Minnix* 3/1/05 423 715 0249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #