


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001060</b>					
1. Entity Name <b>NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>% STEVEN WOOD 2400 SE FEDERAL HWY STUART FL 34994</b>			Mailing Address <b>P.O. BOX 3209 STUART FL 34995</b>		
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 <b>65-0593008</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOOD, STEVEN J ESQ. 2400 SE FEDERAL HWY STUART FL 34994</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>\$3,200,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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	CITY-ST-ZIP	
	OLAZABAL, NELSON	8425 S.W. KANNER HIGHWAY	INDIANTOWN FL 34956	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
	OLAZABAL, AGNES	8425 S.W. KANNER HIGHWAY	INDIANTOWN FL 34956	
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**UGGAG0345640**  
**04/30/05-80044-010 526.25**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-19-05** **702-597-5917**

Date Daytime Phone #

STAPLE CHECK HERE