

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

FILED

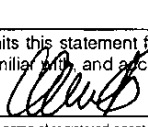
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000002005</b>			
1. Entity Name <b>CHARLES M. NOVOTA FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>203 SHALIMAR ST. PANAMA CITY BEACH FL 32413</b>		Mailing Address <b>P.O. DRAWER 9418 PANAMA CITY FL 32417</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>NOVOTA, CHARLES M 17615 BACK BEACH RD. PANAMA CITY FL 32413</b>				7. Name and Address of New Registered Agent Name <b>Charles M. NOVOTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>203 Shalimar ST</b> <b>Panama City Bch, FL 32413</b> 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>\$29,700.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		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 #	NOVOTA, CHARLES M TRUSTEE	STREET ADDRESS	<b>203 Shalimar ST</b>
NAME	17615 BACK BEACH RD.	CITY-ST-ZIP	<b>Panama City Beach, FL 32413</b>
STREET ADDRESS	PANAMA CITY FL 32413		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-5-05

STAPLE CHECK HERE