


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

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000333 1. Entity Name PEPIN FAMILY LIMITED PARTNERSHIP	
---	---

Principal Place of Business 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	Mailing Address 140 HAMMOCKS COURT WEST PALM BEACH FL 33413
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0642586	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 PEPIN, CAROL M 140 HAMMOCKS COURT WEST PALM BEACH FL 33413	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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small> DATE _____	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$2,015,000.00	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	PEPIN, GEORGE E		
STREET ADDRESS	140 HAMMOCKS COURT	CITY- ST- ZIP	11000000202500
CITY- ST- ZIP	WEST PALM BEACH FL 33413		01/28/05-80113-011 526.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME	PEPIN, CAROL M		
STREET ADDRESS	140 HAMMOCKS COURT	CITY- ST- ZIP	
CITY- ST- ZIP	WEST PALM BEACH FL 33413		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			

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: Carol M. Pepin June 21, 2005 561-439-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #