

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000397					
1. Entity Name THE COLBERT FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 920 E. DEL MONTE, CONDO 929 CLEWISTON, FL 33440			Mailing Address 920 E. DEL MONTE, CONDO 929 CLEWISTON, FL 33440		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0647866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, MARY ANN C 920 EAST DEL MONTE CLEWISTON, FL 33440				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 typewritten printed name of registered agent and filer if applicable</small> DATE _____					
9. Capital Contributions as Shown on record, \$3,000,000.00			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 #	COLBERT, MARY TRUSTEE		STREET ADDRESS		
NAME	1705 SOUTH WALNUT		CITY ST ZIP		
STREET ADDRESS	PAUL'S VALLEY, OK 73075				
CITY ST ZIP					
DOCUMENT #	BOZARTH, CYNTHIA C TRUSTEE		STREET ADDRESS		
NAME	6529 CAHOBA DRIVE		CITY ST ZIP		
STREET ADDRESS	FORT WORTH, TX 76135				
CITY ST ZIP					
DOCUMENT #	MARTIN, MARY ANN C TRUSTEE		STREET ADDRESS		
NAME	920 E. DEL MONTE, CONDO 929		CITY ST ZIP		
STREET ADDRESS	CLEWISTON, FL 33440				
CITY ST ZIP					
DOCUMENT #	COLBERT, MARY		STREET ADDRESS		
NAME	1705 SOUTH WALNUT		CITY ST ZIP		
STREET ADDRESS	PAUL'S VALLEY, OK 73075				
CITY ST ZIP					
DOCUMENT #	BOZARTH, CYNTHIA C		STREET ADDRESS		
NAME	6529 CAHOBA DRIVE		CITY ST ZIP		
STREET ADDRESS	FORT WORTH, TX 76135				
CITY ST ZIP					
DOCUMENT #	MARTIN, MARY ANN C		STREET ADDRESS		
NAME	511 DEL MONTE		CITY ST ZIP		
STREET ADDRESS	CLEWISTON, FL 33440				
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)(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 <i>Mary Ann Martin</i>			4-13-05 983-3157		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE</small>		

STAPLE CHECK HERE



04122005 Chg-LP CR2E003 (10/03)

Applied For
 Not Applicable

\$8.75 Additional Fee Required

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 _____ Signature typewritten printed name of registered agent and filer if applicable **DATE** _____

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13. ADDRESS CHANGES ONLY

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SIGNATURE *Mary Ann Martin* 4-13-05 983-3157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE