

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 10:45

DOCUMENT # A96000000712

1. Entity Name

THE REID FAMILY PARTNERSHIP, LTD.



Principal Place of Business

901 NW 4TH STREET
JASPER FL 32052

Mailing Address

901 NW 4TH STREET
JASPER FL 32052

2. Principal Place of Business

3. Mailing Address

P.O. Box 71

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JASPER, FL.

Zip

Country

Zip

32052

Country

HAMILTON

4. FEI Number

59-3363528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1ST MOORE

CR2E003 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, JAMES HARRELL
901 N.W. 4TH ST.
JASPER FL 32052

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, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

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 # M99000001688
NAME REID FAMILY GP, LLC
STREET ADDRESS 901 NW 4TH ST.
CITY-ST-ZIP JASPER FL 32052

STREET ADDRESS
CITY-ST-ZIP

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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:

J. Harrell Reid
J. Harrell Reid, GP

2/7/05

(386) 792-2669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE