

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 FEB 28 AM 11:38

DOCUMENT # A96000000718 1. Entity Name BOYNTON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 135 BACOM POINT RD PAHOKEE, FL 33476			Mailing Address 135 BACOM POINT RD PAHOKEE, FL 33476		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0652124	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYNTON, WAYNE A				Name	
135 BACOM POINT ROAD				Street Address (P.O. Box Number is Not Acceptable)	
PAHOKEE, FL 33476					
				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>					
9. Capital Contributions as Shown on record. \$11,200,000.00			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 #	BOYNTON, HELEN J		STREET ADDRESS		
NAME	3410 NORTH FLAGLER		CITY-ST-ZIP		
STREET ADDRESS	WEST PALM BEACH, FL 33407				
CITY-ST-ZIP					
DOCUMENT #	262726		STREET ADDRESS		
NAME	J.T. BOYNTON FARMS, INC.		CITY-ST-ZIP		
STREET ADDRESS	135 BACOM POINT ROAD				
CITY-ST-ZIP	PAHOKEE, FL 33476				
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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: <u>Wayne A. Boynton</u>			Date: <u>2/24/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE

Removed per Certificate of Amendment filed on 2/22/05

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