2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A9600000813 1. Entity Name BARR-BONNER FAMILY LIMITED PARTNERSHIP					Secretary of State			of State	
Principal Place of Business Mailing Address 16416 WINDSOR PARK DR. 16416 WINDSOR PARK DR.									
LUTZ, FL 33549 LUTZ, FL 33				N DIK.					
Principal Place of Business 3. Mailing Address					-				
				Suite, Apt. #, etc.			MIRM MINI MARKI MWIRE AMI	LE ALMOOT BEWOLD MINDOX.	I IMINEL SEMMIN TEELWIS IN E 2000
			City & State		04202005	Chg-LP	CR2E00	3 (10/03)	
City & State					4. FEI Number 65-0672			Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of	f Status Desired		8.75 Additional see Required
	6. Name	and Address of Current		7. Name and Address of New Registered Agent Name					
BARR, K. JOHN 16416 WINDSOR PARK DR. LUTZ, FL 33549					Street Address (P.O. Box Number is Not Acceptable)				
					City	EL 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. 1 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. \$4,214,364.00 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.						ADDRESS CHANGES ONLY			
DOCUMENT # NAME	P9600002 BONNER	N	STREET ADDRESS						
STREET ADDRESS CITY - ST - ZIP	LUTZ, FL	NDSOR PARK DR. 33549	CITY		-ST-ZIP	UN0000362719 05/05/05-80129-D12 535.00			
DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY+ST-ZIP	S			CITY-SI-ZIP					
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STREET ADDRESS CITY-ST-ZIP				CHY	Y-S1-ZIP				
14. I hereby certify that the information supplied with this filling 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									

SEMENTURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER CENERAL PARTNER DAIL