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

STAPLE CHECK HERE

DUE BY MAY 1, 2005				
DOCUMENT # A9600000883  1. Entity Name				FILED
OSBORNE FAMILY LIMITED PARTNERSHIP			2005 APR 27 PM 4: 51	
Principal Place of Business Mailing Address			'DIVISION OF CORPORATIONS	
USEPPA ISLAND USEPPA ISLAND			"TALLAHASSEE, FLORIDA	
LÓT 17, BOX 640 BOKEELIA FL 33922		LOT 17, BOX 640 BOKEELIA FL 33922		
2. Principal P	lace of Business 24 YACh+ Club Che	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1ST MOORE CR2E003 (10/04)
City & State F4. MY En)		City & State		4. FEI Number 65-0680268 Applied For Not Applicable
Zip	Country	Zip 3391.9	Country S.	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
OSBORNE, ROBERT H USEPPA ISLAND LOT 17, BOX 640				ss (P.O. Box Number is Not Acceptable)
BOR	KEELIA FL 33922		City	FL Zip Code
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re	
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  11. FILE NOW!!! Due by May 1, 2005.  See Block 11 instructions for fee info.				
9. Capital Contributions as Shown on record.  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 #			STREET ADDRESS	12824 Tacht Club Cincle
NAME STREET ADDRESS	OSBORNE, ROBERT H USEPPA ISLAND, LOT 17, BOX 640		_	
CITY-ST-ZIP	BOKELLIA FL 33922		CITY-ST-ZIP	Ft MYENJ FL 33919
DOCUMENT # NAME	OSBORNE, MAE		STREET ADDRESS	12824 YACHT CLUB CINCLE
STREET ADDRESS CITY-ST-ZIP	USEPPA ISLAND, LOT 17, BOX 640 BOKELLIA FL 33922		CITY-ST-ZIP	Ft. MYENS FL 33919
DOCUMENT #			STREET ADDRESS	
NAME STREET ADDRESS			OUTS OT TIP	300054222483-
CITY-ST-ZIP			CITY-ST-ZIP	05/10/0501074013 **368.75
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NAME STREET ADDRESS			CITY-ST-ZIP	
CITY-ST-ZIP				n Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 frue and acquirate 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: SIGNATURE APRIL 3 2 AUS SIGNATURE APRIL 3 3 AUS SIGNATURE APRIL 3 3 AUS SIGNATURE APRIL 3 AUS SIGNA				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Description				