


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000000965

1. Entity Name
AMERICAN FAMILY HOUSING, LTD.



Principal Place of Business
C/O JOHN W. SHEA
475 COMMERCE LAKE DRIVE
ST. AUGUSTINE, FL 32095

Mailing Address
C/O JOHN W. SHEA
475 COMMERCE LAKE DRIVE
ST. AUGUSTINE, FL 32095



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03162005 Chg-LP CR2E003 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3380802

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
SHEA, JOHN W
C/O JOHN W. SHEA
475 COMMERCE LAKE DRIVE
ST. AUGUSTINE, FL 32095

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$300,000.00

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 #	SHEA, JOHN W	STREET ADDRESS	
NAME	475 COMMERCE LAKE DRIVE	CITY-ST-ZIP	
STREET ADDRESS	ST. AUGUSTINE, FL 32095		1100000273961
CITY-ST-ZIP			09/23/05-80047-023 526.25
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STAPLE CHECK HERE

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: John W. Shea 3/17/2005 (904) 645-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #