

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

**FILED
Mar 25, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # A96000001023
1. Entity Name
THE BARROW FAMILY LIMITED PARTNERSHIP



Principal Place of Business: **6419 LATCHSTRING COURT MELROSE FL 32666**
Mailing Address: **6419 LATCHSTRING COURT MELROSE FL 32666**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-3393398** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BARROW, MARK V
6419 LATCHSTRING COURT
MELROSE FL 32666**

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: _____

**11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info**

9. Capital Contributions as Shown on record: ~~\$852,200.00~~

10. Amount of Capital Contributions in FLORIDA to date: **107,800**

**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	
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	CITY-ST-ZIP

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: Mark V Barrow **3/10/05** **352-373-5616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #