

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

DOCUMENT # A96000001023

1. Entity Name

THE BARROW FAMILY LIMITED PARTNERSHIP



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

Principal Place of Business

6419 LATCHSTRING COURT
MELROSE FL 32666

Mailing Address

6419 LATCHSTRING COURT
MELROSE FL 32666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1ST MOORE

CR2E003 (10/04)

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

*See BFLP
Tax Return
info*

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

~~\$862,200.00~~

10. Amount of Capital Contributions
in FLORIDA to date.

107,808

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

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 BARROW, MARK V TRUSTEE
STREET ADDRESS 6419 LATCHSTRING COURT
CITY-ST-ZIP MELROSE FL 32666

DOCUMENT #
NAME BARROW, MARY B
STREET ADDRESS 6419 LATCHSTRING COURT
CITY-ST-ZIP MELROSE FL 32666

DOCUMENT #
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/05 352-373-5616
Date Daytime Phone #

STAPLE CHECK HERE