


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

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001051</b>		
1. Entity Name SLOAN FAMILY PARTNERSHIP, LTD.		

Principal Place of Business 13392 N.W. 11TH AVENUE OXFORD, FL 34484	Mailing Address 13392 N.W. 11TH AVENUE OXFORD, FL 34484
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01282005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3407692	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SLOAN, JAMES L 13392 N.W. 11TH AVENUE OXFORD, FL 34484
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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. \$760,480.00	10. Amount of Capital Contributions in FLORIDA to date. 557,199	526.25
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**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 #	SLOAN, JAMES L TRUSTEE	STREET ADDRESS	
NAME	13392 N.W. 11TH AVENUE	CITY - ST - ZIP	
STREET ADDRESS	OXFORD, FL 34484		
CITY - ST - ZIP			
DOCUMENT #	SLOAN, ETHELMAE P TRUSTEE	STREET ADDRESS	
NAME	13392 N.W. 11TH AVENUE	CITY - ST - ZIP	
STREET ADDRESS	OXFORD, FL 34484		
CITY - ST - ZIP			
DOCUMENT #	SLOAN, JAMES D	STREET ADDRESS	
NAME	455 8TH AVENUE	CITY - ST - ZIP	
STREET ADDRESS	LABELLE, FL 33935		
CITY - ST - ZIP			
DOCUMENT #	HOMAN, LYNNE	STREET ADDRESS	
NAME	1515 INDIANA AVENUE	CITY - ST - ZIP	
STREET ADDRESS	PALM HARBOR, FL 34683		
CITY - ST - ZIP			
DOCUMENT #	HIGEL, LEE ANNE	STREET ADDRESS	
NAME	5210 RIVER PARK VILLAS DRIVE	CITY - ST - ZIP	
STREET ADDRESS	ST. AUGUSTINE, FL 32092		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:** James L Sloan Feb 5-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE