

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR -7 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A96000001134			
1. Entity Name NORTHUP FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 1231 2ND ST. SARASOTA, FL 34236		Mailing Address 2077 MISTY SUNRISE TRAIL SARASOTA, FL 34240	
2. Principal Place of Business 3247 Enclave Bay Dr		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chattanooga, TN		City & State	
Zip 37415		Country USA	
4. FEI Number 65-0672901		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTHUP, RONALD S 2900 CHEROKEE TERR SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name: Susan Kral Street Address (P.O. Box Number is Not Acceptable): 2077 Misty Sunrise Tr City: Sarasota FL Zip Code: 34240	
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: <i>[Signature]</i> DATE: 3/16/05			
9. Capital Contributions as Shown on record. \$2,021,465.60		10. Amount of Capital Contributions in FLORIDA to date. \$852,000	
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 #	NORTHUP, RONALD S	STREET ADDRESS	<i>[Signature]</i>
NAME	3247 ENCLAVE BAY DR	CITY-ST-ZIP	
STREET ADDRESS	CHATTANOOGA, TN 37415		
CITY-ST-ZIP			
DOCUMENT #	NORTHUP, DIANE T	STREET ADDRESS	
NAME	3247 ENCLAVE BAY DR.	CITY-ST-ZIP	
STREET ADDRESS	CHATTANOOGA, TN 37415		
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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: <i>[Signature]</i>		3/31/05 941-378-5956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE