


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


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

DOCUMENT # A96000001208 1. Entity Name LEONARD FARMS LIMITED	
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Principal Place of Business P.O. BOX 368 BLOUNTSTOWN FL 32424	Mailing Address P.O. BOX 368 BLOUNTSTOWN FL 32424
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country


1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3404699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEONARD, BURKE H 1701 SOUTH PEAR STREET BLOUNTSTOWN FL 32424	
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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	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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9. Capital Contributions as Shown on record. \$9,544,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	
NAME	LEONARD, BURKE H	CITY- ST- ZIP	
STREET ADDRESS	1701 SOUTH PEAR STREET		
CITY- ST- ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEONARD, JOSEPH H	CITY- ST- ZIP	
STREET ADDRESS	1526 S. MAIN, BOX 595		
CITY- ST- ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEONARD, MICHAEL W	CITY- ST- ZIP	
STREET ADDRESS	ROUTE 1, BOX 188		
CITY- ST- ZIP	BLOUNTSTOWN FL 32424		
DOCUMENT #	NAME	STREET ADDRESS	
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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:  GP	2-1-05	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE