


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 11 AM 11:13

DOCUMENT # A96000001240			
1. Entity Name APALACHEE ENTERPRISES, LTD.			
Principal Place of Business 241 PINWOOD DR. TALLAHASSEE, FL 32303		Mailing Address <del>212 HOFFMAN DR.</del> TALLAHASSEE, FL 32312	
2. Principal Place of Business		3. Mailing Address <i>1222 Waverly Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Tallahassee, FL</i>	
City & State		City & State	
Zip	Country	Zip	Country
		<i>32312</i>	
4. FEI Number 59-3392233		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		7. Name and Address of New Registered Agent	
OWEN WILDE, JUDITH 212 HOFFMAN DR TALLAHASSEE, FL 32312		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 _____ <small>Signature, typed or printed name of registered agent and use if applicable</small>			
9. Capital Contributions as Shown on record. \$24,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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 #	OWEN, WILLIAM C	STREET ADDRESS	
NAME	2803 RABBIT HILL ROAD	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE, FL 32312		
CITY-ST-ZIP		STREET ADDRESS	<i>1222 Waverly Rd.</i>
DOCUMENT #	WILDE, JUDITH O	CITY-ST-ZIP	<i>Tallahassee, FL 32312</i>
NAME	<del>212 HOFFMAN DRIVE</del>		
STREET ADDRESS	TALLAHASSEE, FL 32312	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	<i>900058887159</i>
DOCUMENT #		CITY-ST-ZIP	<i>08/23/05--01041--024 **256.75</i>
NAME			
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Judith O. Wilde</i> Judith O. Wilde		Date: <i>8/5/05</i> 385-1422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

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