


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

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001490					
1. Entity Name COUNCIL LIMITED PARTNERSHIP					
Principal Place of Business 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108			Mailing Address 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3398958	
				<input type="checkbox"/> 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 COUNCIL, EDMOND C SR. 5767 LAFRANCE ROAD TALLAHASSEE FL 32310-9108				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. \$850,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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	COUNCIL, EDMOND C SR.		CITY - ST - ZIP		
STREET ADDRESS	5767 LAFRANCE ROAD		U000000202487		
CITY - ST - ZIP	TALLAHASSEE FL 32310-9108		01/28/05-80113-005 526.25		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	COUNCIL, WINNIE P		CITY - ST - ZIP		
STREET ADDRESS	5767 LAFRANCE ROAD				
CITY - ST - ZIP	TALLAHASSEE FL 32310-9108				
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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: Winnie P. Council				124.05 850/877-3487	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

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

STAPLE CHECK HERE