


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001777 1. Entity Name CHOPCO OUTDOOR ADVERTISING, LTD.	
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Principal Place of Business 7747 NW 176TH LANE REDDICK FL 32686	Mailing Address P.O. BOX 1004 FAIRFIELD FL 32634
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1ST MOORE CR2E003 (10/04)

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 59-3409887	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 EDWARDS, JOHN MARTIN 7747 NW 176TH LANE REDDICK FL 32686
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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. \$200.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

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	
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

04/30/05-80108-013 150.00

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: *John M. Edwards* **4-20-05** **(352) 266 9849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER