2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A96000001994

1. Entity Name
HUFFSTETLER FAMILY PARTNERSHIP, LLLP

Principal Place of Business	Mailing Address
429 EAST MAGNOLIA AVENUE EUSTIS, FL 32726	429 EAST MAGNOLIA AVENUE EUSTIS, FL 32726

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01192005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3407488
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL, RICHARD A 429 EAST MAGNOLIA AVENUE EUSTIS, FL 32726	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.	10. Amount of Capital Contributions in FLORIDA to date.
$6,300,000.00	

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 #		STREET ADDRESS	
NAME	HUFFSTETLER, LESLIE R., JR., TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	10555 RAIN FOREST ROAD		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
DOCUMENT #		STREET ADDRESS	U00000345283
NAME	PAUL, RICHARD A TRUSTEE	CITY-ST-ZIP	04/30/05-80029-016 526.25
STREET ADDRESS	429 EAST MAGNOLIA AVENUE		
CITY-ST-ZIP	EUSTIS, FL 32726		
DOCUMENT #		STREET ADDRESS	
NAME	ROU, ANN H TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2000 COUNTRY CLUB DRIVE		
CITY-ST-ZIP	EUSTIS, FL 32726		
DOCUMENT #		STREET ADDRESS	
NAME	HUFFSTETLER, MYRA TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	421 SOUTH CENTER STREET		
CITY-ST-ZIP	EUSTIS, FL 32726		
DOCUMENT #		STREET ADDRESS	
NAME	HUFFSTETLER, LESLIE R JR.	CITY ST ZIP	
STREET ADDRESS	10555 RAIN FOREST ROAD		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: X Ann H. Rou General Partner 4/16/05 352-483-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #