



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

DOCUMENT # A96000001995				Feb 28, 2005 08:00 A	
1. Entity Name THE GARRETT RANCH PARTNERSHIP, LLLP				Secretary of State	
Principal Place of Business 3543 STUART CT. FT. MYERS FL 33901		Mailing Address 3543 STUART CT. FT. MYERS FL 33901			
2. Principal Place of Business		3. Mailing Address		1ST MOORE CR2E003 (10/04)	
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number 65-0705679	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, LARRY P 3543 STUART CT. FT. MYERS FL 33901				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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$850,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$850,000.00			
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 #	NAME		STREET ADDRESS		
NAME	GARRETT, LARRY P		CITY- ST- ZIP		
STREET ADDRESS	3543 STUART CT.				
CITY- ST- ZIP	FT. MYERS FL 33901				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GARRETT, SHARI L		CITY- ST- ZIP		
STREET ADDRESS	3543 STUART CT.				
CITY- ST- ZIP	FT. MYERS FL 33901				
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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 <i>Larry Garrett</i> LARRY P. GARRETT			21 Feb 05 239-334-4696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		