


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000002068</b>					
<b>1. Entity Name</b> HALLIDAY LANE FAMILY PARTNERSHIP, LTD.					
<b>Principal Place of Business</b> 4021 HALLIDAY LANE JACKSONVILLE, FL 32207			<b>Mailing Address</b> 4021 HALLIDAY LANE JACKSONVILLE, FL 32207		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3422022	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>5. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRANT, MOORE, MACDONALD & WELLS, P.A. 50 N. LAURA STREET, SUITE 3100 JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small> _____ <small>DATE</small> _____					
<b>9. Capital Contributions</b> as Shown on record. <b>\$2,988,800.00</b>			<b>10. Amount of Capital Contributions</b> in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P96000091602		STREET ADDRESS		
NAME	BAILEY ENTERPRISES OF NORTH FLORIDA, INC.		CITY-ST-ZIP		
STREET ADDRESS	4021 HALLIDAY LANE				
CITY-ST-ZIP	JACKSONVILLE, FL 32207				
DOCUMENT #			STREET ADDRESS	000000366084	
NAME			CITY-ST-ZIP	05/11/05-80029-007 526.25	
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<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Sharon B. Tatum</i>			<i>4/26/05 772-497-8378</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		
<i>Sharon B. Tatum</i>					

STAPLE CHECK HERE