FILED
May 16, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A96000002479

1. Entity Name
WHEELOCK FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
38567 US HWY 19 N PALM HARBOR, FL 34684	P.O. BOX 1925 TARPON SPRINGS, FL 34688

04202005 Chg-LP CR2E003 (10/03)

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 59-3419107 — 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
GORDON, BRUCE H C/O SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., STE. 2800 TAMPA, FL 33602	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. $1,590,343.98

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 #		STREET ADDRESS	
NAME	WHEELOCK, GARY K		
STREET ADDRESS	P.O. BOX 1925	CITY-ST-ZIP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		400000366691
DOCUMENT #		STREET ADDRESS	05/16/05-80002-018 526.25
NAME	WHEELOCK, NANCY J		
STREET ADDRESS	P.O. BOX 1925	CITY-ST-ZIP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		
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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: Gary K. Wheelock 4/30/05 727 937 2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #