


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000002486					
1. Entity Name BAXTER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 7937 PINE LAKE ROAD JACKSONVILLE, FL 32256			Mailing Address C/O 2603 SHADES CLIFF CIRCLE JASPER, AL 35504		
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 59-3421847	
				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				7. Name and Address of New Registered Agent	
BRANT, ABRAHAM, REITER & MCCORMICK PA 50 NORTH LAURA STREET, SUITE 3100 JACKSONVILLE, FL 32202				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. \$4,650,000.00			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 #	P96000102945			STREET ADDRESS	
NAME	BAXTER ENTERPRISES OF NORTH FLORIDA, INC.			CITY-ST-ZIP	
STREET ADDRESS	2603 SHADES CLIFF CIRCLE				
CITY-ST-ZIP	JASPER, AL 35504				
DOCUMENT #				STREET ADDRESS	000000247591
NAME				CITY-ST-ZIP	03/01/05-80034-001 526.25
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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: <u>Lionel F. Baxter Jr.</u> <u>02-24-05</u> <u>205-3871335</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date</small>					

STAPLE CHECK HERE