

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000002525

FILED
Feb 21, 2005
Secretary of State

Entity Name: WARD PROPERTIES, LLLP

Current Principal Place of Business:

804 SIXTEENTH STREET
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

BRENDA WARD
P. O. BOX 232
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 59-3414215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, BRENDA LEE
301 PLEASANT REST RD
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Capital Contributions as Shown on record: 5,312,972.00

Amount of Capital Contributions in Florida to date: 5,312,972.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: REED, MONICA B
Address: 16 MIMOSA STREET
City-St-Zip: FT WALTON BEACH, FL 32548

Address:
City-St-Zip:

Document #:

Name: CLARK, MARGARET E
Address: 1815 WEST DAVIES AVENUE
City-St-Zip: LITTLETON, CO 80120

Address:
City-St-Zip:

Document #:

Name: WARD, BRENDA LEE
Address: 671 FITZPATRICK ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

Address: 301 PLEASANT REST ROAD
City-St-Zip: WEWAHITCHKA, FL 32465

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRENDA L. WARD

MS.

02/21/2005

Electronic Signature of Signing General Partner

_____ Date