


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000000647 1. Entity Name THE BOGGS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1820 BARRS STREET, SUITE 104 JACKSONVILLE FL 32204			Mailing Address 1820 BARRS STREET, SUITE 104 JACKSONVILLE FL 32204		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3452903 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOGGS, JOHN S 1820 BARRS STREET, SUITE 104 JACKSONVILLE FL 32204	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 date if applicable</small>	
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions In FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
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 CITY - ST - ZIP	BOGGS, JOHN S 1820 BARRS STREET, SUITE 104 JACKSONVILLE FL 32204		STREET ADDRESS CITY - ST - ZIP	000000267678 03/18/05-80012-012 141.25	
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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					
SIGNATURE: <i>John S Boggs</i> JOHN S BOGGS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/18/05		904 3885391 <small>Daytime Phone #</small>



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE