

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 11:19

DOCUMENT # A97000001044					
1. Entity Name HOSTETTER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573			Mailing Address % CHARLES T. HOSTETTER 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573		
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 59-7094063	
				Applied For 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		
HOSTETTER, CHARLES T 1747 W. DEL WEBB BLVD SUN CITY CENTER, FL 33573			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 <u>Carol Marlow</u> DATE <u>3/27/05</u>					
9. Capital Contributions as Shown on record. \$943,743.28		10. Amount of Capital Contributions in FLORIDA to date. 858,294.00		AMOUNT DUE \$ 526.25	
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		
NAME	HOSTETTER, CHARLELS T TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	1747 W. DEL WEBB BLVD				
CITY-ST-ZIP	SUN CITY CENTER, FL 33573				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HOSTETTER, ROBERT R		CITY-ST-ZIP		
STREET ADDRESS	300 BERNICE STREET				
CITY-ST-ZIP	ROME CITY, IN 46784				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MARLOW, CAROL A		CITY-ST-ZIP		
STREET ADDRESS	3803 S.W. ORCHARD STREET				
CITY-ST-ZIP	SEATTLE, WA 98126				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS					
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>Carol Marlow</u>			DATE <u>3/27/05</u> DAYTIME PHONE # <u>206-438-5990</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE