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

SIGNATURE: SIGNATURE

-	DOCUMENT # A97000001132 1. Entity Name TELLOR FAMILY PARTNERSHIP, LTD.				SECRETARY OF STATE DIVISION OF GORPORATIONS 05 MAR 31 AM 11: 02	
-	Principal Place of Business Mailing Address				<u> </u>	
	6411 66TH AVENUE NORTH 4301 PARK BLVD. PINELLAS PARK FL 33781 PINELLAS PARK FL 3378			1781		
						CO. I DESIGNADA PER LEGA CAMPADA DAN BANKARAN BAN
	2. Principal Place of Business		3. Mailing Address			
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)
-	City & State		City & State			4. FEI Number 59-3446029 Applied For Not Applicable
	Zip	Country	Zìp	Cour	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required
ŀ	6. Name and Address of Current Registered Agent			<u></u>		7. Name and Address of New Registered Agent
Ī					Name	
	TELLOR, ELIZABETH M 6411 66TH AVENUE NORTH PINELLAS PARK FL 33781				Street Address (P.O. Box Number is Not Acceptable)	
		ELLAS PARK PL 33781				
					City	FL Zip Code
	8. The above named entity submits this statement for the purpose of changing its reginer in the State of Florida. If am familiar with, and accept the obligations of registered agreements of the state of Florida. If am familiar with, and accept the obligations of registered agreements of the state of th			ed agen	t. OATE	11. FILE NOW!!! Due by May 1, 2005. See: Block 11. instructions for fee: info
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the form				IUST BE REGIS n; an amendmei	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
į	12.					ADDRESS CHANGES ONLY
	DOCUMENT #				EET ADDRESS	
	NAME STREET ADDRESS CITY-ST-ZIP	TELLOR, ELIZABETH 6411 66TH AVENUE NORTH PINELLAS PARK FL 33781			/-SI-ZIP	
	DOCUMENT #				EET ADDRESS	
	NAME STREET ADDRESS CITY-ST-ZIP	TELLOR, PHYLLIS M 6411 66TH AVENUE NORTH PINELLAS PARK FL 33781		CIT	Y-ST-ZIP	
STAPLE CHECK HERE	DOCUMENT #	TELLOR ASSOCIATES, INC. 6411_66TH_AVENUE NORTH			EET ADDRESS	400050034354 04/06/05 01056 003 **526.25
	STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP —	84/86/85 -8855 -885 **525 ,25
	DOCUMENT # NAME			STF	EET ADDRESS	
	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
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	DOCUMENT!			ST	EET ADDRESS	
	STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	
	14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same let the receiver or trustee empowered to execute this report as required by Chapter 620, Flori				ne legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or