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

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DUE BY MAY 1, 2005									
DOCU 1. Entity Nam			OS APR 2 TALLAHASSEF	// ~	Des 2 2	~			
DOUGLASS FAMILY LIMITED PARTNERSHIP					US APP		<b>7</b>		
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Principal Place of Business Mailing Address					ALLANIAN	Th. 74 5:	· C.		
	LDIXIE HIGHWAY LBEACH EL 33405	1801 CARANDIS RD WEST PALM BEACH F	1 33406 /	<b>1</b>	ASSEL	0,5	05	. (r	
FLORTE RIDA									
	UG SOUD lace of Business	<del></del>	1						
2. Timespair 1995 of Basilioss		3. Mailing Address 1801 Carandis Rd					EEN COM DECLINA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)				
City & State		City & State			4. FEI Number 65-0756476 Applied For				
Zip Country		West Palm Beach - Pla Zip Country			\$9.75				
	Godinay	33406	Country		5. Certificate of Statu	is Desired		e Required	
	6. Name and Address of Current	Registered Agent	N		7. Name and Addres	s of New R	egistered Ag	ant	
TRENT, SAMUEL ROSCOE JR.				Name					
390	1 S. DIXIE HIGHWAY		Street A	et Address (P.O. Box Number is Not Acceptable)					
WE:	ST PALM BEACH FL 33405								
	City	City FL Zip Code							
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 Samuel R. Drent gr April 25. 2008 11. FILE NOW!!! Due by May 1, 2005.									
Signature, typed or printed name of registered agent and bits applicable DATE See Block 11 instructions for fee info.  9. Capital Contributions  10. Amount of Capital Contributions									
as Shown on record. \$1,586,913.00 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 # NAME	TRENT, SAMUEL ROSCOE JR.	STREET ADDRESS	Nest Pelm Black Fla 33406						
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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)(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: Signature and typed or printed byte of signing general partner Date Daytere Phone #