2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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Due by Way 1, 2005					Feb 09, 2005 08:00 A		
DOCUMENT # A9700001321							cretary of State
ALLEY C	AT FAMILY LIMITED PAR	RTNERSHIP					-
Principal Pla	ce of Business	Mailing Address	· · · ·	<u> </u>	4		
451 CENTRAL PARK DRIVE 451 CENTRAL PA		451 CENTRAL PARK LARGO, FL 33771					
2. Principal i	Place of Business	3. Mailing Address		····			
Suite, Apt #, etc. Suite, Apt #, etc.						IRRI ITAĞİL BANIL BANKTAN	U(T) 40111 00187 (1030 51110 5100 510301 01 120)
					01252005	Chg-LP	CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number 59-3500	516	Applied For Not Applicable
Zip	Country	Zip	Coul	ntry	5. Certificate of Status Desired		
Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New	Registered Agent
LOVELACE, WILLIAM K 2310 WEST BAY DRIVE LARGO, FL 33770					P O. Box Number	is Not Acceptab	le)
				City			FL Zip Code
8. The above	named entity submits this statement tions of registered agent	for the purpose of changing	its register	ed office or register	ed agent, or both,	in the State of Fl	
SIGNATURE	itons or registereo agent.	• • •		• •	e e e e e e e e e e e e e e e e e e e		* ic
9. Capital Co	Signature, typed or pilitied name of ক্রেমান্ট্রের হুত্র	10. Amount of Cap	oleal Carea	75. V			DATE
	on record. \$3,000,000.00	- in FLORIDA to	date:	<u> </u>			16.25
	A GENERAL PARTNER NOTE: General Partners W	THAT IS A BUSINESS E AY NOT be changed on	NTITY IV the form	IUST BE REGIST 1; an amendmen	FERED AND AC it must be filed	TIVE WITH TH to change a g	IS OFFICE.
12.	GENERAL PARTN	ER INFORMATION	13.			ADDRESS CH	ANGES ONLY
DOCUMENT # NAME	LILO, SANDRA JEAN TRUSTE	ie .	STRI	EET ADDRESS		···	
STREET ADDRESS CITY-ST-ZIP	451 CENTRAL PARK DRIVE LARGO, FL 33771		CITY	-ST-ZIP			į.
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NAME STREET ADDRESS CITY-ST-ZIP	•	#	CITY	-\$1-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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daying Phone ?							