


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001873 1. Entity Name W.A. HILL, SR. FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413			Mailing Address 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3508550	
Zip		Country		<input type="checkbox"/> 5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, PAIGE J 16900 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$500,000.00		10. Amount of Capital Contributions 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			STREET ADDRESS	
NAME	HILL, W.A. SR.			CITY-ST-ZIP	
STREET ADDRESS	16900 FRONT BEACH ROAD				
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413				
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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: _____				4/18/05 (850) 234-5628 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



1ST MOORE CR2E003 (10/04)

FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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04/30/05-80029-006 526.25

CHECK HERE