


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002088</b> 1. Entity Name <b>R.L. PALMER FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>548 N. HILLSBORO AVENUE</b> <b>ARCADIA, FL 34266</b>	Mailing Address <b>PO BOX 202</b> <b>ARCADIA, FL 34265-0202</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02172005	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>65-0779017</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PALMER, SHARON E</b> <b>548 N HILLSBORO AVENUE</b> <b>ARCADIA, FL 34266</b>	7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	CITY-ST-ZIP
	<b>PALMER, ROBERT LANCE</b>		
	<b>548 N. HILLSBORO AVENUE</b>		
	<b>ARCADIA, FL 34266</b>		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>PALMER, SHARON E</b>		
	<b>548 N. HILLSBORO AVENUE</b>		
	<b>ARCADIA, FL 34266</b>		
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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:** Sharon Palmer SHARON PALMER 2/24/05 863-444-51698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE