


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

**FILED
Feb 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000002168 1. Entity Name PEEBLES FAMILY LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 38 WILDWOOD FL 34785		Mailing Address P.O. BOX 38 WILDWOOD FL 34785			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3471888	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEEBLES, J. WILLARD 322 SHOPPING CENTER DRIVE WILDWOOD FL 34785			7. Name and Address of New Registered Agent		
			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. \$495,000.00		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	PEEBLES, J. WILLARD TRUSTEE				
STREET ADDRESS	322 SHOPPING CENTER DR		CITY-ST-ZIP		
CITY-ST-ZIP	WILDWOOD FL 34785				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP	000000220008 02/08/05-80050-013 526.25	
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1ST MOORE CR2E003 (10/04)

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

STAPLE CHECK HERE

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: *J. Willard* 1/20/05 352-742-5341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone If