


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002350 1. Entity Name POWELL FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 148 PLEASANT VALLEY DR DAYTONA BEACH, FL 32114			Mailing Address 148 PLEASANT VALLEY DR DAYTONA BEACH, FL 32114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3473498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POWELL, JOHN H 148 PLEASANT VALLEY DR DAYTONA BEACH, FL 32114				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$6,500,000.00			10. Amount of Capital Contributions in FLORIDA to date. 4,297,814		
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 #	P97000092889			STREET ADDRESS	148 Pleasant Valley Dr.
NAME	JOHN H. POWELL INVESTMENTS, INC.			CITY-ST-ZIP	
STREET ADDRESS	148 PLEASANT VALLEY DR.				
CITY-ST-ZIP	DAYTONA BEACH, FL 32114				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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: Gladys L. Powell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				4/5/05 <small>Date</small>	
				386-258-0429 <small>Daytime Phone #</small>	

STAPLE CHECK HERE