


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002556			
1. Entity Name EDWARDS FAMILY ENTERPRISES, LTD.			
Principal Place of Business 325 E. DEL MONTE AVENUE CLEWISTON FL 33440		Mailing Address P.O. BOX 696 CLEWISTON FL 33440	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0797746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, EARLE E III 325 E. DEL MONTE AVENUE CLEWISTON FL 33440		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. \$201,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

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

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 #	EDWARDS, EARLE E III	STREET ADDRESS	
NAME	325 E. DEL MONTE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CLEWISTON FL 33440		
CITY-ST-ZIP			
DOCUMENT #	EDWARDS, MARY F	STREET ADDRESS	
NAME	325 E. DEL MONTE AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CLEWISTON FL 33440		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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: *Earle E. Edwards III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4605
Date Daytime Phone #