

**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		4. FEI Number 65-0797746	
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 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.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable</small>					
9. Capital Contributions as Shown on record. \$201,000.00		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 #	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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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 DATE: 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #