


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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002834					
1. Entity Name THE PHILIP W. TURNER FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 1999 N.E. LIVINGSTON STREET ARCADIA FL 34266			Mailing Address 1999 N.E. LIVINGSTON STREET ARCADIA FL 34266		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3483980	



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent PWT, INC. 1999 N.E. LIVINGSTON STREET ARCADIA FL 34266				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. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			

11. 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 #	P97000107616	STREET ADDRESS	000000209337
NAME	PWT, INC.	CITY-ST-ZIP	02/02/05 000035 017 526-25
STREET ADDRESS	1999 N.E. LIVINGSTON STREET		
CITY-ST-ZIP	ARCADIA FL 34266		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:  **Philip W. Turner** **2-25-2005** **863-494-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #