


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

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

**DOCUMENT # A97000002950**  
1. Entity Name  
PRITCHETT EVANS PARTNERSHIP, LTD.



Principal Place of Business  
6601 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33918

Mailing Address  
6601 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33918



2. Principal Place of Business  
Suite, Apt #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02052005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0808458

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PRITCHETT, RICHARD H III  
6601 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33918

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$468,000.00

10. Amount of Capital Contributions in FLORIDA to date. 468,000.00

**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 #	PRITCHETT, RICHARD III	STREET ADDRESS	
NAME	6601 BAYSHORE ROAD	CITY-ST-ZIP	
STREET ADDRESS	NORTH FORT MYERS, FL 33918		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000255383
NAME		CITY-ST-ZIP	03/08/05-80012-009 526.25
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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:  DATE: 2/15/05 DAYTIME PHONE #: 239-543-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER