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

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DOCUMENT # A9800001270 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS	
FAIRCLOTH FAMILY, LTD.					05 MAR 28 AM 11: 32	
Principal Place of Business Mailing Address					O THIN LO THE TOTAL STATE OF THE	
170 S. WASHINGTON AVENUE 170 S. WASHINGTON AV APOPKA FL 32703 APOPKA FL 32703			AVENU	E		
					A () I MANAN ANTA COLON COME AND	
Principal Place of Business 3. Mailing Addr						
Suite, Apt. #, etc. Suite, Apt. #, etc.					1 1ST MOORE CR2E003 (10/04)	
City & State		City & State			4. FEI Number	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
	-	~		Name - Faircloth, Paul G Jr.		
FAIRCLOTH, PAUL G SR. 620 E. 6TH STREET APOPKA FL 32703				Street Address (P.O. Box Number is Not Acceptable)		
AFOFNA FE 32703				620 E 6th street		
				city Apopha FL Zip 2010 3		
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 Signature, typed or printed name of registered agent and little 4 applicable DATE 11. FILE NOW!!! Due by May 1, 2005						
9. Capital Contributions \$1,980,000,00 10. Amount of Capital Contributions						
as Shown on record. In FLOHIDA 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 #	DOCUMENT # P97000090096 STR			: EET ADDRESS		
NAME	FAIRCLOTH FAMILY CORPORATION, INC.					
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP		
DOCUMENT # NAME	NT #		EET ADDRESS	;		
STREET ADDRESS CITY-ST-ZIP	I ∩		CITY	r-ST-ZIP		
DOCUMENT # NAME	■ ST		SIR	EET ADDRESS	300050041523 04/06/0501064016 **535.00	
STREET ADDRESS CITY-ST-ZIP	■ C/i		CITY	Y-ST-ZIP		
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STREET ADDRESS			Y-ST-ZIP			
DOCUMENT /			EET ADDRESS			
NAME STREET ADDRESS CITY ST. 7/P			Y-ST-ZIP			
CITY-ST-ZIP DOCUMENT *			EET ADDRESS	• 1,		
NAME STREET ADDRESS						
CITY-ST-ZIP CIT			Y-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 signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/05 407-886 6666 Desture Phone #