


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

1327  
#2304

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001717</b>					
1. Entity Name <b>THE LONGWILL LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>6620 S.W. 92ND STREET MIAMI, FL 33156</b>			Mailing Address <b>6620 S.W. 92ND STREET MIAMI, FL 33156</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		4. FEI Number <b>65-0902294</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LONGWILL, DEBORAH 7765 S.W. 87 AVE., SUITE 212 MIAMI, FL 33173</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$632,777.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>632,777</b>		<b>526.25</b>	
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>G03051900226 LONGWILL-FOX CHILDREN'S TRUST 6620 S.W. 92ND STREET MIAMI, FL 33156</b>		STREET ADDRESS		
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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					
<b>SIGNATURE:</b> _____		<b>DEBORAH LONGWILL</b>		<b>4/14/05</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>DATE</small>		<small>Daytime Phone #</small>	

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