2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 19 AM 8:51

DOCUMENT # A98000001757

1. Entity Name
IRDC FAMILY PARTNERSHIP, LTD.

A98000001757

Principal Place of Business	Mailing Address
925 DON JUAN COURT PUNTA GORDA, FL 33950	925 DON JUAN COURT PUNTA GORDA, FL 33950

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

06072005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0894562 ☐ Applied For ☐ Not Applicable

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
GOLDBRONN, DOREEN M ESQ. 2623 MCCORMICK DRIVE, SUITE 105 CLEARWATER, FL 33759	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 an officer

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date
$975,000.00	

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 #		STREET ADDRESS	
NAME	CARLSON, IRENE E	CITY-ST-ZIP	
STREET ADDRESS	925 DON JUAN COURT		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Irene Carlson General Partner 6-16-05 637-3781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #