


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

<b>DOCUMENT # A98000002000</b>					
1. Entity Name <b>THE ANDRIS FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>U.S. 19 NORTH, 3 MILES MONTICELLO FL 23245</b>			Mailing Address <b>P.O. BOX 500 MONTICELLO FL 32345</b>		
2. Principal Place of Business <b>3079 N. Jefferson Street</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Monticello, FL</b>		City & State		4. FEI Number <b>59-3534584</b>	
Zip <b>32344</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANDRIS, STEVE U.S. 19 NORTH, 3 MILES MONTICELLO FL 23245</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>3079 N. Jefferson Street</b>	
				City <b>Monticello</b>	Zip Code <b>FL 32344</b>
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.		<b>\$800,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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 #	<b>SNELGROVE, MARY TRUSTEE 1015 SOUTH MULBERRY STREET MONTICELLO FL 32344</b>			STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-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 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: <u>Mary Snelgrove</u>				Mary Snelgrove	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				02/03/05 850-997-2561	
				Daytime Phone #	

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1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

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