


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

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002112</b> 1. Entity Name <b>THE AVP AND GLP FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>13767 DEER CHASE PL JACKSONVILLE FL 32224</b>	Mailing Address <b>13767 DEER CHASE PL JACKSONVILLE FL 32224</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-3533604</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>PETERSON, GWENITH L 13767 DEER CHASE PL JACKSONVILLE FL 32224</b>	
7. Name and Address of New Registered Agent 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.	9. Capital Contributions as Shown on record. <b>\$200,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (applicable)</small>		

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

**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 #	PETERSON, GWENITH L	STREET ADDRESS	
NAME	13767 DEER CHASE PL	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL 32224		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000267488
NAME		CITY-ST-ZIP	03/18/05-80002-006 526.25
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NAME		CITY-ST-ZIP	
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:**  **GWENITH PETERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-10-05 904-992-6466**  
Date Daytime Phone #

STAPLE CHECK HERE