
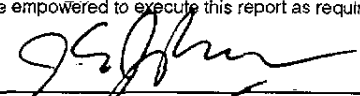


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

|   |                        |                       |   |   |  |
|---|------------------------|-----------------------|---|---|--|
| <b>DOCUMENT # A98000002239</b>  |                        |                       |   |  |  |
| 1. Entity Name<br><b>GEORGE L. PARKER LIMITED PARTNERSHIP</b>   |                        |                       |   |   |  |
| Principal Place of Business<br><b>5346 S.W. 91ST TERRACE<br/>GAINESVILLE FL 32608</b>   |                        |                       | Mailing Address<br><b>5346 S.W. 91ST TERRACE<br/>GAINESVILLE FL 32608</b> |   |  |
| 2. Principal Place of Business  |                        |                       | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                        |                       | Suite, Apt. #, etc.   |   |  |
| City & State  |                        |                       | City & State  |   |  |
| Zip   |                        | Country               |   | 4. FEI Number<br><b>59-3561130</b>  |  |
|   |                        |                       |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                        |                       |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>TILLMAN, MICHAEL<br/>5346 S.W. 91ST TERRACE<br/>GAINESVILLE FL 32608</b>  |                        |                       |   | 7. Name and Address of New Registered Agent                                       |  |
|   |                        |                       |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                        |                       |   | DATE _____  |  |
| 9. Capital Contributions as Shown on record.  |                        | <b>\$1,535,883.00</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><br><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 #  | NAME                   |                       |   | STREET ADDRESS  |  |
| STREET ADDRESS  | 5346 S.W. 91ST TERRACE |                       |   | CITY-ST- ZIP  |  |
| CITY-ST- ZIP  | GAINESVILLE FL 32608   |                       |   |   |  |
| DOCUMENT #  | NAME                   |                       |   | STREET ADDRESS  |  |
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| CITY-ST- ZIP  | GAINESVILLE FL 32608   |                       |   |   |  |
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| CITY-ST- ZIP  |                        |                       |   |   |  |
| DOCUMENT #  | NAME                   |                       |   | STREET ADDRESS  |  |
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| CITY-ST- ZIP  |                        |                       |   |   |  |
| DOCUMENT #  | NAME                   |                       |   | STREET ADDRESS  |  |
| STREET ADDRESS  |                        |                       |   | CITY-ST- ZIP  |  |
| 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:   |                        |                       |   | 3-3-2005 785-233-2338   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                        |                       |   | Date Daytime Phone #  |  |



1ST MOORE CR2E003 (10/04)

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

U00000273844  
03/23/05-80044-013 526.25

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