


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 22 AM 9:15

<b>DOCUMENT # A98000002248</b> 1. Entity Name THE HAGGARD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 330 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address 330 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0864750	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAGGARD, WILLIAM A ESQ. 330 ALHAMBRA CIRCLE CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,500,000.00			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 #	NAME		STREET ADDRESS		
NAME	HAGGARD, MARJORIE T TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	4301 SANTA MARIA STREET				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HAGGARD, WILLIAM A		CITY-ST-ZIP		
STREET ADDRESS	330 ALHAMBRA CIRCLE				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HOLDCRAFT, PATRICIA H		CITY-ST-ZIP		
STREET ADDRESS	6501 S.W. 106TH STREET				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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: 			WM. ANDREW HAGGARD		
<small>TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			(305) 446-1120		
<small>Date</small>			<small>Daytime Phone #</small>		

STAPLE CHECK HERE

*Handwritten initials*



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0864750 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

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