2005 LIMITED PARTNERSHIP ANNUAL REPO Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # A9800002362 1. Entity Name THE 1998 BEN C. BOYNTON FAMILY FLP, LTD.							}		•	
Principal Place of Business 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312			2	Mailing Address 2735 MILLER LANDING ROAD TALLAHASSEE, FL 32312		4	TALLA	RETARY (HASSEE,	FLORID	9
2. Principal Place of Business			3.	3. Mailing Address		PSP.				
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.			04082005	Chg-LP	CR2E00	03 (10/03)
City & State		(City & State		ļ	4. FEI Number 59-35389	903		Applied For Not Applicable	
Zip		Country		Zíp	Cour	try	5. Certificate of	Status Desired	□ \$	8.75 Additional ee Required
6. Name and Address of Current Registered Agent BOYNTON, BEN C 2735 MILLER LANDING RD.						7. Name and Address of New Registered Agent Name				
						Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32312										
		10 11000	· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Code
		ty submits this statemer tered agent.	nt for the p	urpose of changing its	register	ed office or registe	ered agent, or both,	in the State of F	Florida. I am fa	miliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
9. Capital Co as Shown	ntributions	\$81,000.00	10. Amount of Capit in FLORIDA to d	outions						
		GENERAL PARTNE : General Partners								
12. GENERAL PARTNER INFORMATION 13.								ADDRESS C	HANGES ONLY	
DOCUMENT # NAME	BOYNTON, BEN C				STRE	ET ADDRESS				
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NAME STREET ADDRESS						-ST-ZIP				
14. I hereby of indicated	certify that the	e information supplied it is true and accurate	with this fi	ing does not qualify fo y signature shall have	the exe	mption stated in S	ection 119.07(3)(i), made under oath; th	Florida Statutes nat I am a Gene	i. I further certifical Partner of the	y that the information ne limited partnership or
14. I hereby certify that the information supplied with his filling 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 his report as required by Chapter 620, Florida Statutes										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Disprinted Prome #										