2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE: XXX

## FILED Feb 02, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # A9800002735  1. Entity Name IVEY'S NURSERY PARTNERSHIP, LTD.					Secretary of State
Principal Place of Business Mailing Address 6980 LUCK LANE 6980 LUCK LANE ORLANDO, FL 32811 ORLANDO, FL 32			<u>\$</u>		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172005 Chg-LP CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number         Applied For           59-3546146         Not Applicable
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
IVEY, ROBERT L JR. 6980 LUCK LANE ORLANDO, FL 32811			Ì	Street Address (	P.O. Box Number is Not Acceptable)
ORLANDO, FL 32011					₹ Zip Code
The above named entity submits this statement for the purpose of changing its register.			ts registere	City ed office or register	
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title II applicable					
9. Capital Contributions as Shown on record. \$750,000.00 in FLORIDA to date. \$750,000.00					
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 A	IVEY'S NURSERY, INC.		- STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			спу-	-ST-ZIP	
DOCUMENT / NAME	SMT /		STREE	ET ADDRESS	U00000208678
STHEET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	### ##################################
DOCUMENT / NAME			STREE	ET ADDRESS	
STREET ADORESS CITY-ST-ZIP			CITY-	-ST-ZIP	
DOCUMENT # NAME			STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CTY-	S1-2IP	
DOCUMENT / NAME			STREE	ET ADORESS	
STREET ADDRESS CITY-ST-2IP			CITY-	ST-ZIP	
DOCUMENT / NAME			STREE	et adoress	
STREET ADORESS 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to exacute this report as required by Chapter 620, Florida Statutes					