


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A98000002782 |  |
| 1. Entity Name SKAGFIELD LIMITED PARTNERSHIP | |

| | |
|--|---|
| Principal Place of Business 270 CROSSWAY ROAD TALLAHASSEE FL 32310 | Mailing Address P.O. BOX 753 TALLAHASSEE FL 32302 |
|--|---|



1ST MOORE CR2E003 (10/04)

| | | | |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3553092 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent SKAGFIELD, HILMAR S 270 CROSSWAY ROAD TALLAHASSEE FL 32310 | |
|--|--|

| | |
|---|-------------|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 *[Signature]* DATE **4/11/05**

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

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| 9. Capital Contributions as Shown on record. \$4,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 | |
|---------------------------------|----------------------|
| DOCUMENT # | SKAGFIELD, HILMAR S |
| NAME | 270 CROSSWAY ROAD |
| STREET ADDRESS | TALLAHASSEE FL 32310 |
| CITY-ST-ZIP | |
| DOCUMENT # | SKAGFIELD, HILMAR O |
| NAME | 270 CROSSWAY ROAD |
| STREET ADDRESS | TALLAHASSEE FL 32310 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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04/19/05-80010-001 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #