


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

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002884**

1. Entity Name  
**GUYTON FAMILY PARTNERSHIP, LTD.**




Principal Place of Business      Mailing Address  
**ATTN EVELYNS GUYTON**      **ATTN EVELYNS GUYTON**  
**5255 S TROPICAL TRAIL**      **5255 S TROPICAL TRAIL**  
**MERRITT ISLAND, FL 32952**      **MERRITT ISLAND, FL 32952**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04252005      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**59-3554282**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMASTER, JAMES D.**  
**5255 SOUTH TROPICAL TRAIL**  
**MERRITT ISLAND, FL 32941**

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 James D. McMaster      DATE 4/24/2005

Signature, typed or printed name of registered agent and title if applicable.      DATE

9. Capital Contributions as Shown on record.      \$2,500,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**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 #	P98000023787	STREET ADDRESS	
NAME	GUYTON FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5255 SOUTH TROPICAL TRAIL		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 06/10/05-80012-008 535.00

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 62D, Florida Statutes

SIGNATURE: Evelyn S. Guyton      DATE 4/24/05      DAYTIME PHONE # 831 452 859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      DATE      Daytime Phone #