

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000014					
1. Entity Name C.F. BRYANT FAMILY PARTNERSHIP LTD.					
Principal Place of Business 1400 PRUDENTIAL DRIVE, #7 JACKSONVILLE, FL 32207			Mailing Address 1400 PRUDENTIAL DRIVE, #7 JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BRYANT, CECILIA ANN 1400 PRUDENTIAL DRIVE, #7 JACKSONVILLE, FL 32207				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,170,000.00			10. Amount of Capital Contributions in FLORIDA to date. 668,000		
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 # P98000107083				STREET ADDRESS	
NAME BRYANT FAMILY ENTERPRISES, INC.				CITY-ST-ZIP	
STREET ADDRESS 1400 PRUDENTIAL DRIVE, NUMBER 7				000000202395	
CITY-ST-ZIP JACKSONVILLE, FL 32207				01/28/05-80112-002 526.25	
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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: <i>Bryant Family Enterprises, Inc.</i> <i>Cecilia Bryant, Treas</i> <i>1/21/5</i> <i>904-346-3364</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE