


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

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A99000000362	
1. Entity Name THE GRIFFITH FAMILY AGREEMENT OF LIMITED PARTNERSHIP	

Principal Place of Business 11159 56TH PLACE NORTH ROYAL PALM BEACH FL 33411	Mailing Address 11159 56TH PLACE NORTH ROYAL PALM BEACH FL 33411
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0884089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JELLISON, PAMELA G 11159 56TH PLACE NORTH ROYAL PALM BEACH FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, typed or printed name of registered agent and title if applicable	DATE
9. Capital Contributions as Shown on record. \$7,289,020.10	10. Amount of Capital Contributions in FLORIDA to date.

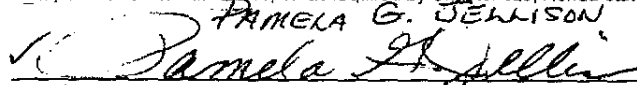
11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	JELLISON, PAMELA G CO-TRUS		
STREET ADDRESS	11159 56TH PLACE NORTH		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		
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	JELLISON, PAMELA G CO-TRUS		
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CITY-ST-ZIP			

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04/30/05-80027-011 526.25

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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **PAMELA G. JELLISON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 4-2-05 Daytime Phone #: 561-793-7540

STAPLE CHECK HERE