2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A9900000586 1. Entity Name THE POTTER FAMILY LIMITED PARTNERSHIP					Secretary of State	
Principal Place of Business Mailing Address 568 ALLEN LOOP DRIVE 568 ALLEN LOOP DRIV SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, F				-		
2. Dringing	Place of Business	3. Mailing Address		<u></u>		
					(ABITA) BITA INIINA BETS MBISS MBISS MBISS MBISS MBISS BISS BISS	
Suite, Ap	rt. #, etc	Suite, Apt. #, etc.			02212005 Chg-LP CR2E003 (10/03)	
City & State		City & State		_	4. FEI Number Applied For 59-3573726 Not Applied	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Agent	
POTTER	POTTER, PATRICIA				Name	
568 ALLEN LOOP DRIVE SANTA ROSA BEACH, FL 32459				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zrp Code	
G. The store comed with submits this observable for the number of changing it.			ning its register	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
	ations of registered agent.	in for the purpose of direct	giil g no logisio			
SIGNATURE Signature, typed or printed name of registered agent and title K applicable.					DATE	
	Contributions \$874,300.00		f Capital Contri DA to date.	ibutions 874	300.00 526.25	
					STERED AND ACTIVE WITH THIS OFFICE. ont must be filed to change a general partner.	
12.		NER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT #	P99000007941 POTTER FAMILY, INC.		STR	EET ADDRESS		
STREET ADDRESS	· ·	2459	cir	Y-ST-ZIP		
DOCUMENT #			STR	EET ADORESS		
NAME STREET ADDRESS - CITY+ST-ZIP	\$		CITY	Y-ST-ZIP	05/24/05-80009-011 526.25	
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS	5		cm	Y-ST-ZIP		
DOCUMENT /			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP		
DOCUMENT /			STR	EET ADDRESS		
STREET ADDRESS	NAME STREET ADDRESS CITY ST-ZIP			Y+ST-ZIP		
DOMUMENT #			STR	EET ADDRESS		
STREET ADDRESS	5		cim	Y-ST-ZIP		
14. I hereby	certify that the information supplied	with this filling does not qu	alify for the exe	emption stated in Se	Section 119.07(3)(i), Florida Statutes, I further certify that the information	