



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 8:29

DOCUMENT # A99000000901				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name MITCHELL FAMILY PARTNERSHIP, LTD.		05 APR -4 AM 8:29			
Principal Place of Business 726 COLUMBIA HELENA, AR 72342		Mailing Address C/O DWIGHT DARBY AND CO. 611 MAGNOLIA AVE. TAMPA, FL 33606			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3579266	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNAN, JOHN B CPA 611 S. MAGNOLIA AVENUE TAMPA, FL 33606				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. \$1,500,000.00		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 #	P93000034177		STREET ADDRESS		
NAME	MITCHELL COMPANY		CITY - ST - ZIP		
STREET ADDRESS	726 COLUMBIA				
CITY - ST - ZIP	HELENA, AR 72342				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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CITY - ST - ZIP					
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 620, Florida Statutes					
SIGNATURE: <i>Billy G. Mitchell</i> BILLY G. MITCHELL VP			MAR 30, 2005 870 3388614		
MITCHELL CO.					