


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:42

DOCUMENT # A99000000909					
1. Entity Name DALE AND PATRICIA HIGINBOTHAM FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 110 WILLOW AVENUE ANNA MARIA, FL 34216			Mailing Address P.O. BOX 4143 ANNA MARIA, FL 34216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0928506	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGINBOTHAM, PATRICIA A 110 WILLOW AVENUE ANNA MARIA, FL 34216			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. \$1,980,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,980,000.00		\$26.25	
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 #	P99000049189		STREET ADDRESS		
NAME	D & P HIGINBOTHAM INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	110 WILLOW AVENUE				
CITY-ST-ZIP	ANNA MARIA, FL 34216				
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)(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					
D & P Higinbotham Investments, Inc.					
SIGNATURE: <i>Holly Dale Pascarella</i>		Vice Pres., General Partner		3-4-05 954-757-4442	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER					
HOLLY DALE PASCARELLA					

STAPLE CHECK HERE