



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

<b>DOCUMENT # A99000001789</b>		
1. Entity Name <b>POTTER FAMILY PARTNERSHIP #1, LTD.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**05 JAN 31 AM 9:35**

Principal Place of Business <b>3592 GARDENVIEW WAY TALLAHASSEE FL 32309</b>	Mailing Address <b>3592 GARDENVIEW WAY TALLAHASSEE FL 32309</b>
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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 <b>59-3605421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>POTTER, PHILIP E 31300 BLUE STAR HWY MIDWAY FL 32343</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>3592 Gardenview Way</b>	
City <b>Tallahassee</b>	Zip Code <b>FL 32309</b>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$36,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	
NAME	<b>POTTER, PHILIP E</b>
STREET ADDRESS	<b>7130 WEST TENNESSEE STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303-9324</b>
DOCUMENT #	
NAME	<b>POTTER, MARLENE N</b>
STREET ADDRESS	<b>7130 WEST TENNESSEE STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303-9324</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>3592 Gardenview Way</b>
CITY-ST-ZIP	<b>Tallahassee FL 32309</b>
STREET ADDRESS	<b>3592 Gardenview Way</b>
CITY-ST-ZIP	<b>Tallahassee FL 32309</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400046086064</b>
CITY-ST-ZIP	<b>02/07/05--01032--020 **340.75</b>
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Philip E. Potter* **Philip E. Potter** 1/27/2005 850-893-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #