


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

<b>DOCUMENT # A99000002165</b>			
1. Entity Name <b>THE DURYEA FAMILY LIMITED PARTNERSHIP, LTD.</b>			
Principal Place of Business <b>8833 S.E. RIVERFRONT TERRACE TEQUESTA FL 33469</b>		Mailing Address <b>8833 S.E. RIVERFRONT TERRACE TEQUESTA FL 33469</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**Mar 25, 2005 8:00 A.M.**  
**Secretary of State**

*JS*



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  <b>WHITE, CHARLES R.L. 725 NORTH A1A, SUITE E-102 JUPITER FL 33477</b>		7. Name and Address of New Registered Agent Name <b>WHITE, CHARLES R.L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>725 N. A1A, SUITE C-110</b> City <b>JUPITER</b> FL Zip Code <b>33477</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 <i>[Signature]</i> DATE <b>3/23/05</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11, instructions for fee info.	
9. Capital Contributions as Shown on record. <b>\$967,500.00</b>	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 #	DURYEA, DWIGHT J	STREET ADDRESS	
NAME	8833 S.E. RIVERFRONT TERRACE	CITY-ST-ZIP	
STREET ADDRESS	TEQUESTA FL 33469		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>100049885221</b>
NAME		CITY-ST-ZIP	<b>04/05/05--01005--005 **52b.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/23/05** **561/747-3742**  
Date Daytime Phone #

STAPLE CHECK HERE