


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

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

| | | | | | |
|---|-----------------|---------------------|---|---|--|
| DOCUMENT # A99000002226 | | | |  | |
| 1. Entity Name THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 5323 BROWN STREET GRACEVILLE FL 32440 | | | Mailing Address P.O. BOX 155 GRACEVILLE FL 32440 | | |
| 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 62-1810504 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARNOLD, WILLIAM H 3823 HIGHWAY 2 GRACEVILLE FL 32440 | | | 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. | | \$532,578.00 | | 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 # | NAME | | STREET ADDRESS | | |
| | STREET ADDRESS | | CITY - ST - ZIP | | |
| | CITY - ST - ZIP | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | STREET ADDRESS | | CITY - ST - ZIP | | |
| | CITY - ST - ZIP | | | | |
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| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | STREET ADDRESS | | CITY - ST - ZIP | | |
| | 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: <u>Henry Arnold</u> Henry Arnold <u>April 19, 2005</u> 850-263-3271 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # | | | | | |



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005..
See Block 11 instructions for fee info.**

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04/30/05-80036-004 526.25**

STAPLE CHECK HERE