

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

DOCUMENT # A99000002242		
1. Entity Name THE AL-BAR FAMILY LIMITED PARTNERSHIP		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 26 AM 9:17

Principal Place of Business 27511 BAYHEAD RD. DADE CITY FL 33523	Mailing Address P.O. BOX 128 SAN ANTONIO TX 33576
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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

[Handwritten initials]

1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3615259		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 FAGAN, LISA B 27511 BAYHEAD RD. DADE CITY FL 33523		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$2,410,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	HAMILTON, DEB B	CITY-ST-ZIP	
STREET ADDRESS	27771 BAYHEAD ROAD		
CITY-ST-ZIP	DADE CITY FL 33525		
DOCUMENT #		STREET ADDRESS	
NAME	BARTHLE, WILLIAM A	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1000		
CITY-ST-ZIP	SAN ANTONIO FL 33576		
DOCUMENT #		STREET ADDRESS	
NAME	BARTHLE, ROBERT J	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1167		
CITY-ST-ZIP	SAN ANTONIO FL 33576		
DOCUMENT #		STREET ADDRESS	
NAME	FAGAN, LISA B	CITY-ST-ZIP	
STREET ADDRESS	27850 BAYHEAD ROAD		
CITY-ST-ZIP	DADE CITY FL 33523		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

300056300063
06/17/05--01029--020 **437.50
300056300063
06/17/05--01029--021 **88.75

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: *Lisa B. Fagan* **Lisa B. Fagan** **4.14.05** **352-588-2887**

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