

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005** *MAY 1 2006*

DOCUMENT # B01000000419

1. Entity Name

WHITED FAMILY LIMITED PARTNERSHIP



Principal Place of Business

6006 POMPTON CT.  
DALLAS TX 75248

Mailing Address

6006 POMPTON CT.  
DALLAS TX 75248

2. Principal Place of Business

269 Renner Parkway  
Suite, Apt. #, etc.

3. Mailing Address

269 Renner Parkway  
Suite, Apt. #, etc.

City & State

Richardson, Tx  
Zip 75080 Country USA

City & State

Richardson, Tx  
Zip 75080 Country USA

1ST MOORE

CR2E003 (10/04)

4. FEI Number

75-2711317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANAFORDE, BRADLEY K  
9200 SOUTH DADELAND BLVD.  
SUITE 308  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

9. 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

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

DATE

3. Capital Contributions  
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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.

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WHITED, SIDELL JIMMIE	STREET ADDRESS	269 Renner Parkway
REET ADDRESS	6006 POMPTON CT.	CITY-ST-ZIP	Richardson, Tx 75080
Y-ST-ZIP	DALLAS TX 75248		
DOCUMENT #		STREET ADDRESS	
REET ADDRESS		CITY-ST-ZIP	
Y-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
REET ADDRESS		CITY-ST-ZIP	
Y-ST-ZIP			
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Y-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
REET ADDRESS		CITY-ST-ZIP	
Y-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
REET ADDRESS		CITY-ST-ZIP	
Y-ST-ZIP			

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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 stated 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Handwritten signature*  
 5-15-06