2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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FILED Mar 23, 2005 08:00 AM Secretary of State

Due by May 1, 2005 (Secretary of State			
DOCUMENT # B0200000011								50	ciciai	y of State	
1. Entity Name MICHAEL E. DYER FAMILY, LTD.											
WIGHAEL E. DYER PAWILT. LTD.											
Principal Place of Business Mailing Address							1				
PO BOX 740396				P.O. BOX 740396							
DALLAS, TX 75374				DALLAS, TX 75374							
Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.			Suite, Apt. #. etc.			03072005	Chg-LP	CR2E003	(10/03)		
City & State			City & State				4. FEI Number 75-27272	234		Not Applicable	
Zip	Country			Zip Cour		itry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current F				tered Agent		Name	7. Name and Address of New Registered Agent				
BAKER, DAVID H											
321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480						Street Address (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 Signature, typed or printed name of registered agent and title if applicable									DATE		
9. Capital Contributions as Shown on record. \$1,800,000.00 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 #					C1D	LET ADDRESS					
NAME	DYER, MICHAEL E TRUSTEE			-		LET ADDRESS			1273828 300000	711 1 20 1	
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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)(f). 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											
111 < 10 11 and 12 12 12 12 2343631											
GNATURE: Signature and typed or printed name of signing general partner page Daysims Phone 4											