


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # B02000000436					
1. Entity Name THE RICHARD AND JUDITH NELSON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 6111 OSAGE DOWNERS GROVE, IL 60516			Mailing Address 6111 OSAGE DOWNERS GROVE, IL 60516		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, RICHARD CARL JR 4245 BOSWELL PLACE SARASOTA, FL 34241				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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, \$266,560.00			10. Amount of Capital Contributions in FLORIDA to date.		526.25
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		
NAME	NELSON, RICHARD C		CITY-ST-ZIP		
STREET ADDRESS	6111 OSAGE			00000365577 05/11/05-80007-005 526.25	
CITY-ST-ZIP	DOWNERS GROVE, IL 60516		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	NELSON, JUDITH A		CITY-ST-ZIP		
STREET ADDRESS	6111 OSAGE				
CITY-ST-ZIP	DOWNERS GROVE, IL 60516		CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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>Richard C. Nelson</u> <u>Richard C. Nelson</u> <u>4-29-05</u> <u>630-964-1488</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number **38-3666035** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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