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

FILED Feb 28, 2005 08:00 AN Secretary of State

	DOCUMENT # B0300000165 1. Entity Name AAM FAMILY LIMITED PARTNERSHIP					Secretary of S	
	Principal Place of Business 11 NORTH MAIN STREET BROOKSVILLE, FL 34601			Mailing Address 11 NORTH MAIN STREET BROOKSVILLE, FL 34601			
i	2. Principal Place of Business		3. Mailing Address				
	Suite, Apt. #, etc.		Suite, Apt #, etc.			01252005 Chg-LP CR2E0	003 (10/03)
	City & State		City & State			4. FEI Number 59-3340961	Applied For Not Applicable
	Zıp	Country	Zip	Cour	ntry	d. Cartinodia di dialea Besireo	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent BUCKNER, ROBERT A 11 NORTH MAIN STREET BROOKSVILLE, FL 34601				Name	7. Name and Address of New Registered A	Agent
					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 familia the obligations of registered agent.						familiar with, and accept
[SiGNATURE Signature typed or printed name of registered agent and lute if applicable.				DATE		
ļ	9. Capital Contributions as Shown on record. \$14,220,909.63 10. Amount of Capital Contributions in FLORIDA to date.						
ļ	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendment				TERED AND ACTIVE WITH THIS OFFICE IT must be filed to change a general par	tner.	
	12. GENERAL PARTNER INFORMATION DOCUMENT # P95000076878			13.		ADDRESS CHANGES ONL	.Y
Ì	NAME MCKETHAN HOLDINGS INC. STREET ADDRESS 11 NORTH MAIN STREET			SIRI	EET ADORESS	F856 3 95 3 345 5	
}	CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY	1-S1-ZIP	UNA 00025503- UNA 05-80002-016 525.55	
	DOCUMENT # NAME			SIRI	EET ADDRESS		
_{	STREET ADDRESS CITY - S1 - ZIP			CITY	'-ST-ZIP		
	DOCUMENT #			STRE	EET ADORESS		
	STREET ADDRESS CITY - ST - ZIP			CITY	'-SI-2IP		
ſ	DOCUMENT # NAME			STRE	EÉT ADDRESS		
H.	STREET ADDRESS CITY - \$T - ZIP			CITY	-ST-ZIP		
Ξ S	DOCUMENT # NAME		STRE	EET ADDRESS			
SIAPLE CHECK HERE	STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP		
S.A.P.	DOCUMENT #			STRE	ET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
	indicated o	14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 of the 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					1/25/05 35Z-	796-45-44 sylane Phone #

Robert A. Buckner, Pres., McKethan Italians, Inc., General partner