


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

FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000361					
1. Entity Name THE GESS FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			Mailing Address 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>01-130-5676</i>	Applied For Not Applicable
6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$582,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	GESS, WILLIAM B JR.				
	750 WALNUT HILL, CHILESBURG RD.		CITY - ST - ZIP		
	LEXINGTON, KY 40509				
DOCUMENT #	NAME		STREET ADDRESS		
	GESS, ELIZABETH P				
	750 WALNUT HILL, CHILESBURG RD.		CITY - ST - ZIP		
	LEXINGTON, KY 40509				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		
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			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			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><i>W B Gess</i></u>			Date: <u>2/24/05</u>		Daytime Phone #: <u>(859) 269-4542</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



STAPLE & CHECK HERE