

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



FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

DOCUMENT # A0000000807
1. Entity Name
SEVEN OF FIVE LIMITED PARTNERSHIP

Principal Place of Business: **412 S. MILITARY TRAIL, DEERFIELD BEACH FL 33442**
Mailing Address: **412 S. MILITARY TRAIL, DEERFIELD BEACH FL 33442**

2. Principal Place of Business: **9319 W. SAMPLE ROAD**
3. Mailing Address: **9319 W. SAMPLE RD**
Suite, Apt. #, etc.: **203**

City & State: **CORAL SPRINGS, FL**
City & State: **CORAL SPRINGS, FL**
Zip: **33065** Country: **US**

4. FEI Number: **65-1013479**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GILLESPIE & ALLISON, P.A.
1515 SOUTH FEDERAL HWY, STE 300
BOCA RATON FL 33432**

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

11. **FILE NOW!!! Due by May 1, 2005.**
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record: **\$0.00**
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	
DOCUMENT #	P96000076976
NAME	J.D. LANDON, INC.
STREET ADDRESS	412 S. MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD EACH FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	9319 W. SAMPLE RD. #203
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

STAPLE CHECK HERE

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-05

Date

Daytime Phone #