

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

DOCUMENT # A02000000618

1. Entity Name

ABBY FINANCIAL PARTNERS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10: 04

Principal Place of Business
3100 N.E. 48TH STREET, SUITE 917
FORT LAUDERDALE FL 33308

Mailing Address
3100 N.E. 48TH STREET, SUITE 917
FORT LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Handwritten initials

1ST MOORE CR2E003 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
71-0882829

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUNCO, RICHARD
3100 N.E. 48TH STREET, SUITE 917
FORT LAUDERDALE FL 33308

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.

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

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$990.00

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 # P01000104413
NAME GATOR ASSOCIATES, INC.
STREET ADDRESS 3100 N.E. 48TH STREET, SUITE 917
CITY-ST-ZIP FORT LAUDERDALE FL 33308

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK HERE

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

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

06/29/05

Date

Daytime Phone #