


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001837

1. Entity Name
110 SOUTH MONROE STREET, LTD.



FILED
05 APR 15 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
116 SOUTH MONROE ST
TALLAHASSEE, FL 32301 US

Mailing Address
POST OFFICE BOX 1391
TALLAHASSEE, FL 32302 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01212005 Chg-LP CR2E003 (10/03)

City & State
Zip Country

4. FEI Number
52-2421929

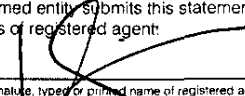
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STAHL, THOMAS W
116 SOUTH MONROE ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name: Karen E. Phillips
Street Address (P.O. Box Number is Not Acceptable):
116 S. Monroe St.
City: Tallahassee FL Zip Code: 32301

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:  Karen E. Phillips DATE: 3/4/05

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	
DOCUMENT #	P03000155939
NAME	110 SOUTH MONROE STREET, INC.
STREET ADDRESS	116 SOUTH MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

200050887352
04/15/05-01001-024 **291.25

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:  DATE: 2-28-05 DAYTIME PHONE #: 850-681-6265

Thomas W. Stahl

STAPLE CHECK HERE