



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 AM 10:45

DOCUMENT # A08835				
1. Entity Name PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP				
Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312		Mailing Address P.O. BOX 3480 CLEVELAND, TN 37312		
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 62-1068028
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. \$2,063.00		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 #	NAME		STREET ADDRESS	
	PRESTON, FOREST L			
	STREET ADDRESS		CITY-ST-ZIP	
	3570 KEITH STREET, N.W.			
	CITY-ST-ZIP			
	CLEVELAND, TN 37312			
DOCUMENT #	NAME		STREET ADDRESS	
	F93000003365			
	STREET ADDRESS		CITY-ST-ZIP	
	DEVELOPERS INVESTMENT COMPANY, INC.			
	CITY-ST-ZIP			
	3570 KEITH STREET, NW			
	CITY-ST-ZIP			
	CLEVELAND, TN 37312			
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	STREET ADDRESS		CITY-ST-ZIP	
	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: 			Date	Daytime Phone #
			3-11-05	

STAPLE CHECK HERE



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