


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A12847
 1. Entity Name
GLADES-PIKE INVESTORS, LTD.



Principal Place of Business: **7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434**
 Mailing Address: **7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

01042005 Chg-LP CR2E003 (10/03)
 4. FEI Number: **59-2227222** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FEURRING, DOUGLAS R.
7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434

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

9. Capital Contributions as Shown on record: **\$3,100.00**
 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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
K10183	S & F/STATEWIDE, INC.	7777 GLADES ROAD #310	BOCA RATON, FL 33434

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

05/06/05-80017-011 150.00

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)(f), 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: Robert J. Schmier, President. Date: 4/29/05 Daytime Phone #: 561-483-8400