


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -9 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A15135			
1. Entity Name GULF TO LAKES ASSOCIATES LTD.			
Principal Place of Business 1506 N. MEADOWCREST BLVD. CRYSTAL RIVER, FL 34429		Mailing Address P.O. BOX 10000 CRYSTAL RIVER, FL 34423	
2. Principal Place of Business 2600 W. Black Diamond Cr.		3. Mailing Address	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.	
City & State Lecanto, FL		City & State	
Zip 34461	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STILLWELL, CLARK A BANK OF INVERNESS BUILDING 320 HIGHWAY 41 SOUTH INVERNESS, FL 34450		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code FL
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. \$5,376,627.62		10. Amount of Capital Contributions in FLORIDA to date. \$15,376,627.62	
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 #	G83483	STREET ADDRESS	
NAME	GULF TO LAKES REAL ESTATE, INC.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 10,000		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423		
DOCUMENT #		STREET ADDRESS	800054200728
NAME		CITY-ST-ZIP	05/10/05--01022--009 **526.25
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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			
SIGNATURE: 		Stanley C. Olsen, Pres. 4/28/05 352-746-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE