


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

**FILED
Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # A25413					
1. Entity Name ARMADA-KEY WEST LIMITED PARTNERSHIP					
Principal Place of Business 619 FRONT STREET KEY WEST, FL 33040			Mailing Address 619 FRONT STREET KEY WEST, FL 33040		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 06-1207000				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		
SMITH, ROY B. 1510 SOUTH TUTTLE AVE. SARASOTA, FL 34239			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. \$1,000,000.00			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	100000267607 03/18/05-80009-005 528.25	
NAME	SMITH, ROY B.		CITY-ST-ZIP		
STREET ADDRESS	1510 S.W. TUTTLE AVE.				
CITY-ST-ZIP	SARASOTA, FL 34239				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	P93000009007				
STREET ADDRESS	TRUDO LETSCHERT ENTERPRISES, INC.				
CITY-ST-ZIP	1510 SOUTH TUTTLE AVE. SARASOTA, FL 34239				
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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)(d), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	



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