


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:10

DOCUMENT # A25877 1. Entity Name MANATEE REALTY INVESTMENTS, LTD.	
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Principal Place of Business 1105 BAYSHORE DR P.O. BOX 302 TERRA CEIA FL 34250	Mailing Address 1105 BAYSHORE DR P.O. BOX 302 TERRA CEIA FL 34250
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2. Principal Place of Business Suite, Apt. #, etc. 12131 Maple Ridge Dr City & State Tarrish, FL Zip 34219 Country Manatee	3. Mailing Address Suite, Apt. #, etc. 12131 Maple Ridge Dr City & State Tarrish, FL Zip 34219 Country Manatee
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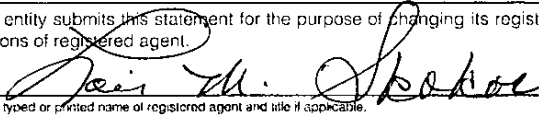


1st MOORE CR2E003 (10/05)

4. FEI Number 65-0114375	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 SKOKOS, LOIS M 1105 BAYSHORE SR P.O. BOX 302 TERRA CEIA FL 34203	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

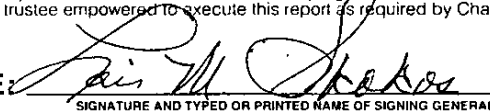
SIGNATURE  DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	SKOKOS, LOIS M	STREET ADDRESS	
NAME	1105 BAYSHORE DR, P.O. BOX 302	CITY-ST-ZIP	
STREET ADDRESS	TERRA CEIA FL 34250		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 exemptions contained in Chapter 119, 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  LOIS M. SKOKOS 4/3/06 94-776-9083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE