

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 MAY -3 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A26764</b> 1. Entity Name <b>SPID LTD.</b>					
Principal Place of Business <b>801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL 33131</b>			Mailing Address <b>801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL 33131</b>		
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 <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SULLIVAN, JOHN PRS GROUP 801 BRICKELL AVE., 16TH FLOOR MIAMI, FL 33131</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. <b>\$10,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		<b>158.75</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F93000002121		STREET ADDRESS	<b>488853549374</b>	
NAME	SPID, COMPANY, LTD.		CITY-ST-ZIP	<b>05/02/05--01005--012 **1416.25</b>	
STREET ADDRESS	THE LAKE BUILDING, FIRST FLOOR				
CITY-ST-ZIP	TORTOLA,BRT.VIR.ISL.,				
DOCUMENT #	K28915		STREET ADDRESS		
NAME	SPID COMPANY, INC.		CITY-ST-ZIP		
STREET ADDRESS	801 BRICKELL AVENUE, 16TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #			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 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 #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b>4/7/05</b>		<b>305-381-8340</b>



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\$158.75