


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

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

|   |                         |         |   |   |          |
|---|-------------------------|---------|---|---|----------|
| DOCUMENT # A28480   |                         |         |   |  |          |
| 1. Entity Name<br>MOORE HAVEN COMMONS, LTD.   |                         |         |   |   |          |
| Principal Place of Business<br>5505 N. ATLANTIC AVENUE<br>COCOA BEACH, FL 32931   |                         |         | Mailing Address<br>5505 N. ATLANTIC AVENUE<br>COCOA BEACH, FL 32931 |   |          |
| 2. Principal Place of Business  |                         |         | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.   |                         |         | Suite, Apt. #, etc.   |   |          |
| City & State  |                         |         | City & State  |   |          |
| Zip   |                         | Country | Zip   |   | Country  |
| 6. Name and Address of Current Registered Agent<br><br>MCPHILLIPS, JACQUELINE<br>5505 N. ATLANTIC AVENUE<br>COCOA BEACH, FL 32931   |                         |         |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                         |         |   |   |          |
| 9. Capital Contributions as Shown on record. \$1,500.00   |                         |         | 10. Amount of Capital Contributions in FLORIDA to date. 1,500.00    |   |          |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><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 #  | NAME                    |         | STREET ADDRESS  |   |          |
|   | DEHARDER, ROBERT        |         |   |   |          |
|   | STREET ADDRESS          |         | CITY-ST-ZIP   |   |          |
|   | 5505 N. ATLANTIC AVENUE |         |   |   |          |
|   | CITY-ST-ZIP             |         |   |   |          |
|   | COCOA BEACH, FL 32931   |         |   |   |          |
| DOCUMENT #  | NAME                    |         | STREET ADDRESS  |   |          |
|   | MCPHILLIPS, FRANCIS     |         |   |   |          |
|   | STREET ADDRESS          |         | CITY-ST-ZIP   |   |          |
|   | 5505 N. ATLANTIC AVENUE |         |   |   |          |
|   | CITY-ST-ZIP             |         |   |   |          |
|   | COCOA BEACH, FL 32931   |         |   |   |          |
| DOCUMENT #  | NAME                    |         | STREET ADDRESS  |   |          |
|   | FRAZIER, JOHN           |         |   |   |          |
|   | STREET ADDRESS          |         | CITY-ST-ZIP   |   |          |
|   | 5505 N. ATLANTIC AVENUE |         |   |   |          |
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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)(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: <u>Michael McPhillips, POA</u> <u>Michael McPhillips</u> <u>2/15/05</u> <u>384 799-4090</u>  |                         |         |   |   |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                         |         |   |   |          |



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4. FEI Number 59-2950806 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,500.00  
10. Amount of Capital Contributions in FLORIDA to date. 1,500.00

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**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

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|                                 | CITY-ST-ZIP             |  |                          |  |  |
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SIGNATURE: Michael McPhillips, POA Michael McPhillips 2/15/05 384 799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER