

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

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

DOCUMENT # A32981
1. Entity Name
FLAR INVESTMENTS, LTD.



Principal Place of Business
2410 NEVADA ROAD
LAKELAND, FL 33803-2342


Mailing Address
2410 NEVADA ROAD
LAKELAND, FL 33803-2342

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



02222005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3123925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIGLIA, FRANCESCO (FRANK)
2410 NEVADA ROAD
LAKELAND, FL 33803-2342

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$927,183.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$927,183.00**

**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 #	GIGLIA, FRANCESCO FRANK	STREET ADDRESS	
NAME	2410 NEVADA ROAD	CITY-ST-ZIP	
STREET ADDRESS	LAKELAND, FL 338032342		
CITY-ST-ZIP			000000255391
DOCUMENT #	GIGLIA, LUCILLE	STREET ADDRESS	03/08/05-80012-017 526.25
NAME	2410 NEVADA ROAD	CITY-ST-ZIP	
STREET ADDRESS	LAKELAND, FL 338032342		
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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: *Lucille Giglia* **2/28/05 863-688-3110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE