2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATION

	1. Entity Nam	MENT # A9500000					05 MAR 21			
HERNANDO, FL 34442 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Coy & State Country Zip Country Zip Country Experience of Statos Desired 6. Name and Address of Current Registered Agent ABEL, ERIC D ESO. 2476 N ESSEX AVENUE HERNANDO, FL 34442 City 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 it the obligations of registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations or registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations or registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it is registered agent and its registered agent and its registered office or registered agent, or both, in the State of Florida. I am familiar with, and it is registered agent and its registered agen										
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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 any line same legal effect as it made under oath; that I am a General Partner of the limited partner.										
the receiver or trustee empowered to execute this report as required by Chapter 620, Horida Statutes	14. I hereby of indicated the received	certify that the information supplied w I on this report is true and accurate a ver or trustee empowered to execute	ith this filing does not qualify found that my signature shall have this report as required by Cha	or the exen the same opter 620, F	nption stated in S legal effect as it lorida Statutes	Section 119.07(3)(i made under oath;), Florida Statutes. that I am a Genera	I further cer Il Partner of	tity that the information the limited partnership o	

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stephen A. Tamposi, President of 486 Properties, Inc.