



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 10: 10

DOCUMENT # A95000001521 1. Entity Name ENTRESS PARTNERS, LTD.					
Principal Place of Business 5200 NORTH OCEAN DR. SINGER ISLAND, FL 33404		Mailing Address 5200 NORTH OCEAN DR. SINGER ISLAND, FL 33404			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-0624736				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STREIT, THOMAS E 777 SOUTH FLAGLER DR. STE. 900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name STREIT, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE #400 City WEST PALM BEACH FL Zip Code 33401		
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 <u><i>T. Roger Entress</i></u> T. ROGER ENTRESS <u>17 JAN 05</u> <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$495,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P95000072919		STREET ADDRESS		
NAME	ENTRESS CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	5200 NORTH OCEAN DR., #201		STREET ADDRESS	200045696772	
CITY-ST-ZIP	SINGER ISLAND, FL 33404		CITY-ST-ZIP	01/31/05--01036--010 **535.00	
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>T. Roger Entress</i></u> T. ROGER ENTRESS <u>17 JAN 05</u> (561)848-2814 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #</small>					

STAPLE CHECK HERE