


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

**FILED  
Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A97000001364**

1. Entity Name  
STRACHAN INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business: MESOAMERICA INVESTMENTS  
PLAZA ROBLE, EDIFICIO ELFORTICO  
GUACHIPEN, ESCAZU COSTARICA,

Mailing Address: HARRY W. STRACHAN/BAIN & COMPANY,S/O-792  
PO BOX 025216  
MIAMI, FL 33102-5216



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

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

City & State

4. FEI Number: 65-0842163

Applied For:  Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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: \$5,902,460.00

10. Amount of Capital Contributions in FLORIDA to date: \$5,902,460

**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 #	F00000006020	STREET ADDRESS	
NAME	STRACHAN & ASSOCIATES INTERNATIONAL INC.	CITY-ST-ZIP	
STREET ADDRESS	SJO 792/PO BOX 025216		
CITY-ST-ZIP	MIAMI, FL 331025216		
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04/30/05-80123-015 535.00

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: [Signature] April 15<sup>th</sup>, 2005 (506) 201-81-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE