


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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

DOCUMENT # A98000001435					
1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP					
Principal Place of Business 30 BAMBOO TERRACE KEY WEST FL 33040		Mailing Address P.O. BOX 2652 KEY WEST FL 33045			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0837158	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHATCH, JOHN S PENTHOUSE 8, DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$1,000,000.00		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 #	NAME		STREET ADDRESS		
	COTTON, WILLIAM F		CITY-ST-ZIP		
	30 BAMBO TERRACE				
	KEY WEST FL 33040				
DOCUMENT #	NAME		STREET ADDRESS	100000235663	
	COTTON, LOIS G		CITY-ST-ZIP	02/19/05-80013-020 526.25	
	30 BAMBO TERRACE				
	KEY WEST FL 33040				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
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			CITY-ST-ZIP		



1ST MOORE CR2E003 (10/04)

**11: FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

STAPLES CHECK HERE

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: Lois G. Cotton Lois G. Cotton 2-14-04 305-304-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #