


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

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000002889
1. Entity Name
HARBOR ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
**230 NORMANDY CIRCLE
PALM HARBOR, FL 34683**

Mailing Address
**230 NORMANDY CIRCLE
PALM HARBOR, FL 34683**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

03152005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
59-3539359

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 500,000.00**

**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	
DOCUMENT #	L98000002197
NAME	KAPEX I, L.L.C.
STREET ADDRESS	230 NORMANDY CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34683
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	U00000273997
CITY-ST-ZIP	03/23/05-80052-010 535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE 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)(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: *Martha J. Singh* **MARTHA J. SINGH** 3/15/05 856-797-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #