

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

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000092



1. Entity Name
XOF ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business: 1370 BREAKERS WEST BOULEVARD, WEST PALM BEACH, FL 33411
Mailing Address: 1370 BREAKERS WEST BOULEVARD, WEST PALM BEACH, FL 33411



2. Principal Place of Business: SAME
3. Mailing Address: SAME
Suite, Apt. #, etc.

04282005 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0886522
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: FOX, ALICE, 1370 BREAKERS WEST BOULEVARD, WEST PALM BEACH, FL 33411
7. Name and Address of New Registered Agent: Name: SAME, 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: \$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 CITY-ST-ZIP	FOX, ALICE 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411	STREET ADDRESS CITY-ST-ZIP	SAME
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000108009 XOF ENTERPRISES, INC. 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411	STREET ADDRESS CITY-ST-ZIP	SAME 1100000367175 05/16/05-80019-025 526.25
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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: _____ Date: 4/28/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER