
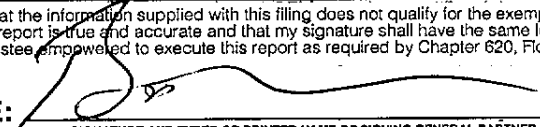


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000612					
1. Entity Name E TWO HOLDINGS, LTD.					
Principal Place of Business 10441 ALTA ROAD JACKSONVILLE, FL 32226			Mailing Address 10441 ALTA ROAD JACKSONVILLE, FL 32226		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3570734	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAKIMIAN, BENJAMIN S 10441 ALTA ROAD JACKSONVILLE, FL 32226			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$118,800.00		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 #	L99000002088		STREET ADDRESS		
NAME	E HOLDINGS, LLC		CITY - ST - ZIP		
STREET ADDRESS	10441 ALTA ROAD				
CITY - ST - ZIP	JACKSONVILLE, FL 32226				
DOCUMENT #			STREET ADDRESS	U00000351847	
NAME			CITY - ST - ZIP	05/05/05-80088-024 526.25	
STREET ADDRESS					
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			4-25-2005		704-357-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



01172005 Chg-LP CR2E003 (10/03)

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