## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1. 2005

_	DUE BY MAY 1, 2005							
	DOCU 1. Entity Naπ	8			FILED SECRETARY OF STAT DIVISION OF CORPORATI	E IONO		
	CKM INVESTMENTS LIMITED, LLP				05 MAR     AM 9: 42			
ľ	Principal Place of Business Mailing Address					• ••	•	
	4200 4TH STREET NORTH, SUITE D 4200 4TH STREET NORT ST. PETERSBURG FL 33703 ST. PETERSBURG FL 337			TH, SUITE D 703		,		
	4							
	11001 DANKA WAY N. 1100		3. Mailing Address //00/ DANK	OUI DANKA WAY N.				
	Suite, Apt. #, etc.  Suite, Apt. #, etc.					1ST MOORE CR2E003 (10)	/04)	
	ST. PETERSBURG FL &		ST PETER	ST PETERSBURG FC		4. FEI Number 59-3602159	Applied For Not Applicable	
	3371	Country	33716	Country			<b>75</b> Additional Required .	
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	t	
	DAROED MICHAEL E			Name MICHAELE BALGEL				
	BARGER, MICHAEL E 4200 4TH STREET NORTH, SUITE D			Street Address (P.O. Box Number is Not Acceptable)				
	ST. PETERSBURG FL 33703			#	#3			
-				CIST PETERSBURG FL ZIBB 7/6				
ŀ	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.							
- 1	SIGNATURE Signature, typed of printed name of registered perit and title of applicable.  DATE  11. FILE NOW!!! Due by May 1, 2005.  See Block 11 instructions for fee info.							
ļ		pital Contributions \$500,000 00 10. Amount of Capital C			DAIL			
}	as Shown on record. in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
1	NOTE: General Partners MAY NOT be changed on the form; a					t must be filed to change a general partner	•	
-	12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY		
	NAME	ME BARGER, MICHAEL E			110	DI DANKA WAY N.	#3	
	STREET ADDRESS 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703		CITY-ST-ZIP	87	PETERSBURG. FL	337/6		
	DOCUMENT # NAME	,		STREET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		900040000040			
_	DOCUMENT / NAME			STREET ADDRESS	_	<del>- 800049805840</del> 03/22/0501075005 **43	37.50	
_	STREET ADDRESS			CITY-ST-ZIP				
	DOCUMENT #			STREET ADDRESS		800048885848 03/22/0501075006 **88	) 7F	
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	1.1.7	
HH.	DOCUMENT #			STREET ADDRESS		,		
CHECK	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		**		
STAPLE (	DOCUMENT #	,		STREET ADDRESS		· •		
SI	STREET ADDRESS CITY-ST-ZIP			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 informat 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 partners						nat the information imited partnership or	

SIGNATURE: MICHAEL E. BALLER 24:05 727-520-771/
SIGNATURE AND TYPED OR PRINTED MANGE OF SIGNATURE AND TYPED OR TYPED