



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

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # A96000000723</b><br>1. Entity Name<br>GLENSPUR, LTD.   |  |   |  |   |  |
| Principal Place of Business<br>222 LAKEVIEW AVE., PENTHOUSE 5<br>WEST PALM BEACH, FL 33401   |  |   | Mailing Address<br>222 LAKEVIEW AVE., PENTHOUSE 5<br>WEST PALM BEACH, FL 33401 |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State                                  |  | 03222005    Chg-LP    CR2E003 (10/03)  |  |
| Zip  |  | Country                                       |  | 4. FEI Number<br>65-0660758  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required                |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>MORRISON, CARLOS<br>222 LAKEVIEW, PH 5<br>WEST PALM BEACH, FL 33401   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  |  |  |
| 9. Capital Contributions as Shown on record.    \$693,000.00   |  |   | 10. Amount of Capital Contributions in FLORIDA to date.                        |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |   |  |  |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |  |   | <b>13. ADDRESS CHANGES ONLY</b>  |  |  |
| DOCUMENT # P94000065979<br>NAME C.M.P. MANAGEMENT SERVICES, INC.<br>STREET ADDRESS 222 LAKEVIEW AVE., PENTHOUSE 5<br>CITY-ST-ZIP WEST PALM BEACH, FL 33401   |  |   | STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | STREET ADDRESS<br>CITY-ST-ZIP  |  |  |
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| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Carlos G. Morrison</i> <b>CARLOS G. MORRISON</b> 3/23/2005    561-8326070<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>   |  |   |  |  |  |

STAPLE CHECK HERE