


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 25 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000312		
1. Entity Name GENESIS CUSTOM HOMES, LTD.		

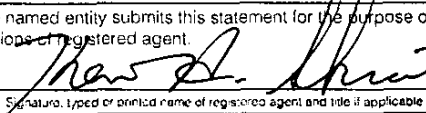
Principal Place of Business 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	Mailing Address 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1023838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

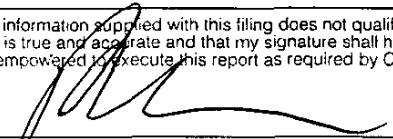
6. Name and Address of Current Registered Agent MUSUMANO, PATSY 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	
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7. Name and Address of New Registered Agent	
Name KENT A SKRIVAN	
Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR	
Suite SUITE 705	
City NAPLES	Zip Code FL 34109

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  Signature, typed or printed name of registered agent and title if applicable	DATE 4/21/05
9. Capital Contributions as Shown on record. \$1,335,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,335,000

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	P00000011685 GENESIS CUSTOME HOMES OF SOUTHWEST FL, INC. 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	100054349221 05/13/05--01003--017 **526.25
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 1-13-05 Daytime Phone # 239-594-7985