
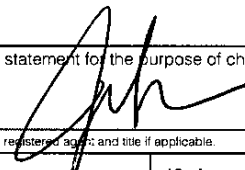
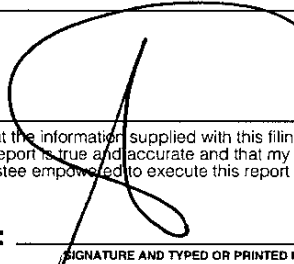


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 MAY -3 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000641			
1. Entity Name ONE PUTT ASSOCIATES, LTD.			
Principal Place of Business 1345 MAIN ST., STE. C-2 SARASOTA, FL 34236		Mailing Address 1345 MAIN ST., STE. C-2 SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORAN, JOHN A ESQ. 22 SOUTH LINKS AVE., SUITE 309 SARASOTA, FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		1990 Main Street, Suite 700	
City		State	Zip Code
Sarasota		FL	34236
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 4-29-05	
Signature, typed or printed name of registered agent, and title if applicable.		DATE	
9. Capital Contributions as Shown on record. \$19,200.00		10. Amount of Capital Contributions in FLORIDA to date. \$19,200.00	
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 #	P00000037394	STREET ADDRESS	
NAME	TWO PUTT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1345 MAIN ST., STE. C-2		
CITY-ST-ZIP	SARASOTA, FL 34236		100055379971
DOCUMENT #		STREET ADDRESS	05/26/05--01069--003 **223.15
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
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: 		DATE 4-29-05 DAYTIME PHONE # 941-366-0115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	
STEVEN W. DORE DIRECTOR			



03032005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1017568 Applied For Not Applicable

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

STAPLE CHECK HERE