


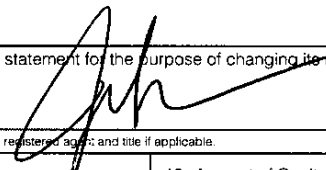
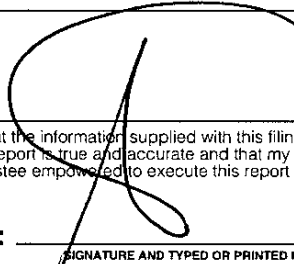
2005 LIMITED PARTNERSHIP ANNUAL REPORT

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	4. FEI Number 65-1017568	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 <u>Sarasota</u> <u>FL</u> Zip Code <u>34236</u>	
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 <u>4-29-05</u>	
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				
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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)(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: 			4-29-05 941-366-0115 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER STEVEN W. DORE DIRECTOR					

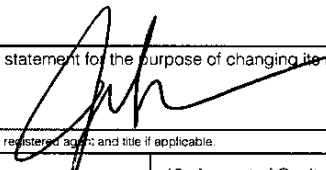


03032005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1017568 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1990 Main Street, Suite 700
City Sarasota FL Zip Code 34236

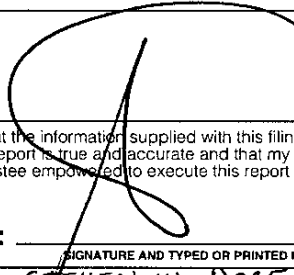
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
STEVEN W. DORE DIRECTOR

STAPLE CHECK HERE