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

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A0000000807 1. Entity Name					FILED			
SEVEN OF FIVE LIMITED PARTNERSHIP					> 2005 MAY -3 PM 4: 02 > SECRETARY OF STATE			
Principal Place of Business 412 S. MILITARY TRAIL		Mailing Address			TAI	LLAHASSEE.	FLORIDA	
DEERFIELD BEACH FL 33/42 DEERFIELD BEACH FL			33442				N 88101 (2011 1884 1881 II 81 188	
2. Principal Place of Business 9319 W. SAMPLE ROAD			9319 WISAMPLE ED					
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.	203		1ST MOORE CR2E003 (10/04)			
CORAL Speinas, FC		City & State GRAL SPEIN	GEAL SPEINES F		4. FEI Number 65-1013479 Applied For Not Applicable			
^{Zip} 33065	Country	33065	Country		5. Certificate of Status	s Desired 🔲	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
GII I	Name	Name .						
GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HWY, STE 300 BOCA RATON FL 33432			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL 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.								
I SIGNATURE						11. FILE NOW!!! Do See Block 11 in:	e by May 1, 2005. structions for fee info.	
Solution								
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				ADDRESS CHANGES ONLY				
DOCUMENT #	, P96000076976			A710	DAAR LAL E	DIF ON	#202	
NAME STREET ADDRESS	J.D. LANDON, INC. 1		STREET ADDRESS 43		19 W. SAMPLE CD. #203			
CITY-ST-ZIP	DEERFIELD EACH FL 33442	<u> </u>	CITY-ST-ZIP		PAL SPRIN	IKS, FL	33065	
DOCUMENT # NAME		STREET ADDRESS						
STREET ADDRESS CITY+ST-ZIP	-	CITY-ST-ZIP	05/26/0501048006 **141.25					
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DOCUMENT # NAME			STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
14. I hereby of indicated	certify that the information supplied to I on this report is true and accurate a	with this filing does not qualify for the and that my signature shall have the	he exemption stat e same legal effe	ed in Sec ct as if m	ction 119.07(3)(i), Florida ade under oath; that I a	a Statutes. I further ce m a General Partner c	ertify that the information of the limited partnership or	

4-29-05

Daytime Phone #