


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:07

DOCUMENT #A00000001169 1. Entity Name SAFE HARBOR MANAGED ACCOUNT 101, LTD					
Principal Place of Business 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689			Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3580584	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILLS, JAMES P 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$75,430,016.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
NAME	STREET ADDRESS		CITY-ST-ZIP		
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
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CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
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NAME	STREET ADDRESS		CITY-ST-ZIP		
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		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: X			2-23-05 (727)942-2591		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone # X240</small>		



02212005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3580584 Applied For Not Applicable

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

FL Zip Code

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