


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

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A0000001239  
 1. Entity Name  
 FLORIDA BAY AT TRACT 20 LIMITED PARTNERSHIP



Principal Place of Business Mailing Address  
 3200 BAILEY LANE, SUITE 117 3200 BAILEY LANE, SUITE 117  
 NAPLES, FL 34105 NAPLES, FL 34105

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3664608 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 PASSIDOMO, JOHN  
 821 5TH AVE., S. #201  
 NAPLES, FL 34102

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,677,000.00  
 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 #	P98000093696	STREET ADDRESS	
NAME	FLORIDA BAY PARTNERS, INC.	CITY-ST-ZIP	000000230833 02/16/05-80005-009 526.25
STREET ADDRESS	3200 BAILEY LANE, SUITE 117		
CITY-ST-ZIP	NAPLES, FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 2/11/05 DAYTIME PHONE #: 6436767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER