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

FILED Apr 18, 2005 08:00 AM Secretary of State

Signature Sign	1. Entity Nam	MENT # A0000000 ROPERTIES, LTD.)1555				cretary of Stat
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SALZMAN, ANHTONY JESQ MOODY & SALZMAN PA 500 E UNIVERSITY BLVD SUITE A GAINESVILLE, FL 32801 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent. SIGNATURE Signam, typec or private same of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOUMENT NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P DOUMENT NAME STREET ADDRESS CITY-ST-2P DOUMENT NAME STREET ADDRESS CITY-ST-2P DOUMENT NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P DOUMENT NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P DOUMENT NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P COMMINITY NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P COMMINITY NAME STREET ADDRESS CITY-ST-2P CITY-ST	Zip	Country Zip		Country		5. Certificate of Status Desired	S8.75 Additional Fee Required
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City FL Zip Code City FL Zip	MOODY & SALZMAN PA 500 E UNIVERSITY BLVD SUITE A				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 the obligations of registered agent. SIGNATURE 9. Capital Contributions as Shown on record. 9. Capital Contributions as Shown on record. 9. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. TOROUGHERT INFORMATION 15. ADDRESS CHANGES ONLY 15. CITY-ST-ZIP 16. DOCUMENT I NAME 17. STREET ADDRESS 17. ST-ZIP 18. STREET ADDRESS 18. STREET ADDRE							
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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 partner for the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	14. I hereby of indicated the received	certify that the information supplied of the certify that the information supplied of the certified of the c	with this filing does not quali and that my signature shall I this report as required by (lify for the exs have the sam Chapter 620,	emption stated in Se e legal effect as if n Florida Statutes	ction 119.07(3)(i), Florida Statules. nade under oath; that I am a Gener	I further certify that the information all Partner of the limited partnership
SIGNATURE: SIGNATURE NO PRINTED NAME OF SIGNING GENERAL PARTNER JONES 4/6/05 Days Daysime Phone of	SIGNAT	TURE: _ C CS	The same	00		es 4/6/05	