


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A01000000038					
1. Entity Name 3005 ACQUALINA PARTNERS, LTD.					
Principal Place of Business 1250 EAST HALLANDALE BEACH BLVD, STE 1008 HALLANDALE BEACH, FL 33009			Mailing Address 1250 EAST HALLANDALE BEACH BLVD, STE 1008 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1083427	
Zip	Country	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		
MARBIN, EVAN 48 EAST FLAGLER STREET, PENTHOUSE 104 MIAMI, FL 33131			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. \$200,000.00		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 #	L00000007296		STREET ADDRESS		
NAME	EXPONENTIAL GROWTH PARTNERS, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	48 EAST FLAGLER ST., PH-104				
CITY - ST - ZIP	MIAMI, FL 33131				
DOCUMENT #			STREET ADDRESS	000000157945	
NAME			CITY - ST - ZIP	05/07/04-80001-022 526.25	
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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 <i>Loorraine Tinsky, Mgr.</i>			Date <i>4/28/04</i>		Daytime Phone # <i>954-455-3005</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Loorraine Tinsky, Mgr.</i>					

STAPLE CHECK HERE