


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000038

1. Entity Name
3005 ACQUALINA PARTNERS, LTD.



Principal Place of Business Mailing Address
1250 EAST HALLANDALE BEACH BLVD, STE 1008 **1250 EAST HALLANDALE BEACH BLVD, STE 1008**
HALLANDALE BEACH, FL 33009 **HALLANDALE BEACH, FL 33009**



2. Principal Place of Business		3. Mailing Address		04152005	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc. —		Suite, Apt. #, etc.		4. FEI Number		
City & State —		City & State		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	

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. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: *Exponential Growth Partners, LLC*
Horraine Tinsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *4-22-05* Daytime Phone #: *305-371-2248*