FILED

2005 MAY -6 PM 12: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

DOCUMENT # A01000000315

1. Entity Name
PETUNIA PROPERTIES, LTD.

Principal Place of Business	Mailing Address
440 S. FEDERAL HIGHWAY #103 DEERFIELD BEACH, FL 33441	440 S. FEDERAL HIGHWAY #103 DEERFIELD BEACH, FL 33441

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05022005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1091711
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IMBRIALE, ANN MARIE
2731 NE 14TH STREET
POMPANO BEACH, FL 33062

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable

5/1/2005
DATE

9. Capital Contributions as Shown on record. $0.00

10. Amount of Capital Contributions in FLORIDA to date 10,000

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 CITY-ST-ZIP	L01000003366 PETUNIA MANAGEMENT, LLC 440 S. FEDERAL HIGHWAY SUITE 204 DEERFIELD BEACH, FL 33441	STREET ADDRESS CITY-ST-ZIP	 100055721431 06/03/05--01060--012 **141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 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 [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/1/2005
Date

Daytime Phone #

05-02-05 13:27 FROM-ACCOUNTING OFFICE +9549858288 T-986 P.02/05 F-378