

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 9:42

DOCUMENT # A0100000404
1. Entity Name
PRIMECARE RESEARCH, LLLP



Principal Place of Business
**10095 N. KENDALL DRIVE, SUITE 102
MIAMI, FL 33176**

Mailing Address
**10095 N. KENDALL DRIVE, SUITE 102
MIAMI, FL 33176**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1093904

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KUTNER, MARK
10095 N. KENDALL DRIVE, SUITE 102
MIAMI, FL 33176**

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. **\$5,000.00**

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 #	KUTNER, MARK	STREET ADDRESS	
NAME	10095 N. KENDALL DRIVE, SUITE 102	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33176		
CITY-ST-ZIP			
DOCUMENT #	MATZA, DALE <i>Deceased</i>	STREET ADDRESS	
NAME	10095 N. KENDALL DRIVE, SUITE 102	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33176		
CITY-ST-ZIP			
DOCUMENT #	SMITH, ERIC	STREET ADDRESS	
NAME	10095 N. KENDALL DRIVE, SUITE 102	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33176		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

988846085369
02/07/05--01032--013 **88.75

900046085369
02/07/05--01032--014 **52.50

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: _____ **1/4/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #