


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 28 AM 11:27

DOCUMENT # A0100000559
1. Entity Name
WRIGHT INVESTMENTS OF SARASOTA, LTD.



Principal Place of Business: **654 BIRD BAY DRIVE EAST, #106 VENICE FL 34292**
Mailing Address: **% LINDA ROBBINS 16 DAWN LANE RIDGEFIELD CT 06877**

2. Principal Place of Business: **501 Waterside Dr. #203 Venice, FL**
3. Mailing Address: **1ST MOORE CR2E003 (10/04)**

4. FEI Number: **65-1104936**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **DARNELL, ROBERT W 1820 RINGLING BOULEVARD SARASOTA FL 34236**

7. Name and Address of New Registered Agent: **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: **\$1,050,000.00**
10. Amount of Capital Contributions in FLORIDA to date.

11: FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

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
	WRIGHT, WILLIAM L		
STREET ADDRESS	654 BIRD BAY DRIVE EAST, #106		
CITY-ST-ZIP	VENICE FL 34292		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WRIGHT, WILLIAM L JR.		
STREET ADDRESS	222 BURNS HILL ROAD		
CITY-ST-ZIP	WILTON NH 03086		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ROBBINS, LINDA		
STREET ADDRESS	16 DAWN LANE		
CITY-ST-ZIP	RIDGEFIELD CT 06877		
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CITY-ST-ZIP			
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CITY-ST-ZIP			

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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: **Linda Robbins Linda Robbins** **2/25/05** **203 438 4076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE