

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000651	
1. Entity Name SAINT GAUDENS LIMITED PARTNERSHIP	



Principal Place of Business 9559 HARDING AVE SURFSIDE, FL 33154	Mailing Address 9559 HARDING AVE SURFSIDE, FL 33154
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2. Principal Place of Business 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA	3. Mailing Address 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA
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01142005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1110577
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LATOUR, DANIEL 9559 HARDING AVE SURFSIDE, FL 33154	
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7. Name and Address of New Registered Agent Name Latour, Daniel Street Address (P.O. Box Number is Not Acceptable) 1784 West Avenue Suite Bay 4 City Miami Beach FL Zip Code 33139	
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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. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date. 29875
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000070891 MIAMI EXPERTS PARTNERS, INC. 9559 HARDING AVE SURFSIDE, FL 33154	STREET ADDRESS CITY-ST-ZIP	1784 West Avenue, Ste Bay 4 Miami Beach, FL 33139
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05/24/05--01032--008 **298.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #