


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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

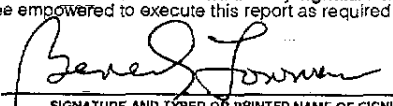
DOCUMENT # A01000000666			
1. Entity Name ROCK POND ENTERPRISES, LTD.			
Principal Place of Business 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 0		Mailing Address 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 0	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TAYLOR, SHARON 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601		4. FEI Number 54-2068470 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$10,000,000.00		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 #	NAME	STREET ADDRESS	
NAME	SHARON O. TAYLOR, TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY- ST- ZIP	BROOKSVILLE FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	TAYLOR, SHARON O	CITY- ST- ZIP	
STREET ADDRESS	13209 OLD CRYSTAL RIVER ROAD		
CITY- ST- ZIP	BROOKSVILLE FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BEVERLY LOWMAN, TRUSTEE	CITY- ST- ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY- ST- ZIP	BROOKSVILLE FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWMAN, BEVERLY	CITY- ST- ZIP	
STREET ADDRESS	13209 OLD CRYSTAL RIVER ROAD		
CITY- ST- ZIP	BROOKSVILLE FL 34601		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY- ST- ZIP			



1ST MOORE CR2E003 (10/04)

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

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:  **Beverly Lowman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/24/05

352 796 3049

Date Daytime Phone #

STAPLE CHECK HERE