


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -8 AM 10:33

DOCUMENT # A01000001053 1. Entity Name A.H.G. PROPERTIES LTD.					
Principal Place of Business 4322 PLYMOUTH-SORRENTO ROAD APOPKA, FL 32712			Mailing Address 4322 PLYMOUTH-SORRENTO ROAD APOPKA, FL 32712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3735158	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JEFFER, HERMAN ESQ. 250 TEQUESTA DRIVE TEQUESTA, FL 33469				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date. 9000		
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	EELMAN, WILLIAM A		CITY-ST-ZIP		
STREET ADDRESS	4322 PLYMOUTH-SORRENTO ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	EELMAN, ROBERT J		CITY-ST-ZIP		
STREET ADDRESS	4322 PLYMOUTH-SORRENTO ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert J Eelman</i> <i>William A Eelman</i>			Date 407-886-8682		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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