


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

FILED

2005 APR 28 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001538	
1. Entity Name SORRENTO BUILDINGS, LTD., LLLP	

Principal Place of Business 1901 SERVICE STREET JACKSONVILLE, FL 32207	Mailing Address 1901 SERVICE STREET JACKSONVILLE, FL 32207
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2. Principal Place of Business 3401 Philips Hwy Suite, Apt. #, etc.	3. Mailing Address 3401 Philips Hwy Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32207	Zip 32207
Country USA	Country USA



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3759982	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HARRELL, WILLIAM H 1901 SERVICE STREET JACKSONVILLE, FL 32207
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3401 Philips Hwy
City JACKSONVILLE FL Zip Code 32207

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. \$200.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	LLP010001560	STREET ADDRESS	3401 Philips Hwy
NAME	SORRENTO PARTNERSHIP, LLP	CITY-ST-ZIP	JACKSONVILLE FL 32207
STREET ADDRESS	1901 SERVICE STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	900054918419 05/20/05--01049--007 ***141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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>William H. Harrell</i>	Date: 4/27/05	Daytime Phone #: 904-398-7177
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE