


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR -1 AM 9:45

DOCUMENT # A01000001619 1. Entity Name 775 PARTNERSHIP, LTD.					
Principal Place of Business 3665 BEE RIDGE RD. STE. 310 SARASOTA, FL 34233		Mailing Address 3665 BEE RIDGE RD. STE. 310 SARASOTA, FL 34233			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		01072005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1157345		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCSWEENEY, ANINA C 3665 BEE RIDGE RD. STE. 310 SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Jaime S. Carrion Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd., Suite 310 City Sarasota FL Zip Code 34233		
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: <u>Jaime S. Carrion,</u> Date: <u>March 4, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		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 #	P01000062701		STREET ADDRESS		
NAME	775, INC.		CITY-ST-ZIP		
STREET ADDRESS	3665 BEE RIDGE ROAD, SUITE 310		STREET ADDRESS	500050092816	
CITY-ST-ZIP	SARASOTA, FL 34233		CITY-ST-ZIP	04/07/05--01008--011 **141.25	
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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: <u>Jaime S. Carrion</u>		Date: <u>3/4/05</u>		Daytime Phone #: <u>(941) 923-4551</u>	

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