

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001677	
1. Entity Name FDS INVESTMENTS, LTD.	



Principal Place of Business 1819 MAIN STREET, SUITE 230 C/O WACHOVIA BANK NATIONAL ASSOC. SARASOTA, FL 34236	Mailing Address 1819 MAIN STREET, SUITE 230 C/O WACHOVIA BANK NATIONAL ASSOC. SARASOTA, FL 34236
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 Chg-LP CR2E003 (10/03)

4. FEI Number 03-0423148	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVE. SARASOTA, FL 34236

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record, \$4,000,000.00	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 #	L01000022399	STREET ADDRESS	U000000255351
NAME	FDS INVESTMENTS, LLC	CITY-ST-ZIP	03/08/05-80011-002 526.25
STREET ADDRESS	1819 MAIN STREET, SUITE 230		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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)(f), 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: _____	By: <u>WACHOVIA BANK, N.A.</u>	Date: <u>2/24/05</u>	Daytime Phone #: <u>941 361 5810</u>
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