


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

DOCUMENT # A02000000618		
1. Entity Name ABBY FINANCIAL PARTNERS, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10: 04



Principal Place of Business 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308	Mailing Address 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308
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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

Handwritten initials

1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent RUNCO, RICHARD 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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

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

9. Capital Contributions as Shown on record. **\$990.00**

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 CITY-ST-ZIP	P01000104413 GATOR ASSOCIATES, INC. 3100 N.E. 48TH STREET, SUITE 917 FORT LAUDERDALE FL 33308	STREET ADDRESS CITY-ST-ZIP	
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06/29/05--01057--021 **141.25

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)(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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
Date **06/29/05** Daytime Phone # _____