


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

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000853</b>		
1. Entity Name SOUTH FLORIDA LAND DEVELOPMENT GROUP LIMITED PARTNERSHIP		
Principal Place of Business 3820 COLONIAL BLVD SUITE 101 FT. MYERS, FL 33912	Mailing Address 3820 COLONIAL BLVD SUITE 101 FT. MYERS, FL 33912	



2. Principal Place of Business		3. Mailing Address		01192005	Chg-LP	GR2E003 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 55-0789599	Applied For Not Applicable	
Zip	Country	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	
MANATEE CONSULTING INC. 3820 COLONIAL BLVD SUITE 101 FT. MYERS, FL 33912		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.

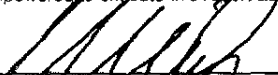
9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000004636	STREET ADDRESS	
NAME	KLINK DEVELOPMENT, CORP.	CITY-ST-ZIP	
STREET ADDRESS	3820 COLONIAL BLVD SUITE 101		
CITY-ST-ZIP	FT. MYERS, FL 33912		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-20-05 239-278-1152

Date Daytime Phone #