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

STAPLE CHECK HERE

DOCUMENT # A0200000876  1. Entity Name  LAWRIE HOLDINGS, LTD.			·		FILEU 2005 APR -6 PM 4: 37	
Principal Place of Business Mailing Address					_	
3030 SOUTH OCEAN BOULEVARD, #101 3030 SOUTH OCEAN BOULEVARD, #101 PALM BEACH FL 33480 PALM BEACH FL 33480				VARD, #101	DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA	
					: (CT:::::::::::::::::::::::::::::::::::	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)	
City & State		City & State			4. FEI Number 03-6094590 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Regulized	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
SAUERBERG, ERIC M ESQ 200 VILLAGE SQUARE CROSSING, SUITE 102				Street Address (	P.O. Box Number is Not Acceptable)	
PALM BEACH GARDENS FL 33410					<del>_</del>	
				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 Flortida.) am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or puried name of registered agent and title (applicable DATE  11. FILE NOW!!! Due by May 1, 2805.  See Block 11 instructions for fee info.  9. Capital Contributions as Shown on record.  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.	13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME	STEWART, CHARLES C			EET ADDRESS 30	30 S. Ocean Blu #101	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP P	Im Beach FL 33480	
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-SI-ZIP		
DOCUMENT #			STR	EET ADDRESS	900051616269 04/22/0501012001 ***506 36	
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name Street add\$ess				EET ADDRESS		
CITY-ST-ZIP				/-SI-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						

2. Slavent Charles C. Steinert 1/25/05 5615855669
ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

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