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

STAPLE CHECK HERE

DUE BY MAY 1, 2005				FILED		
DOCUMENT # A0200000937  1. Entity Name				2005 MAY -3 PM 4: 03		
LEMTAG	G ASSOCIATES LLLP				ECRETARY OF STATE LAHASSEE, FLORIDA	
Principal Plac	ce of Business Ma	ailing Address	_	† TAL	LAHASSEE, FLURIUA	
16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445  16858 RIVER BIRCH CIRC DELRAY BEACH FL 33445						
				L PERSON INCLUSION	IN THE COURT CRASS COURT ORSE COURT NOTICE (NICE STATE STATE STATE OF SOCIETY	
2. Principal Place of Business 2300 Glades Rd 2300 Glades Rd						
Suite, Apt. #, etc. Suite, Apt. #, etc.				1ST MOO	RE CR2E003 (10/04)	
Suite 415E Suite 415E				4. FEI Number	Applied For	
				65-0439942 Not Applicable		
33431 Bust FI			s A	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent		
LEVINE ADNED 5+c				<u>ven 12.</u>	عططها	
16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445			Street Address (P.O. Box Number is Not Acceptable)			
			Boca	Ridon	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  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.  \$200,000.00  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 /			,,,,	DIRECT CHARGES CHET		
NAME	LEVINE, ABNER TRUSTEE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	16858 RIVER BIRCH CIRCLE DELRAY BEACH FL 33445		r-SI-ZIP	05/26/050	553 <b>7</b> 5635 01048011 **526.25	
DOCUMENT # NAME	LEVINE, MILDRED TRUSTEE  16858 RIVER BIRCH CIRCLE		EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			r-ST-ZIP			
DOCUMENT # NAME		EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY	7-\$1-ZIP	. "		
DOCUMENT # NAME		EET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP		r-St-ZIP				
DOCUMENT / NAME						
STREET ADDRESS CITY-ST-ZIP		r-St-ZIP				
DOCUMENT /		STRI	EET ADDRESS			
STREET-ADDRESS CITY-\$1-ZIP		'-ST-ZIP .				
14. I hereby certify that the information supplied with this filling 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: X Ge ty 28/01						
	SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING GENERAL PARTNI	EH .	/ Dai	e Daytime Phone #	