


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 17 AM 10:58

DOCUMENT # A02000001133					
1. Entity Name SIXTIETH DRIVE LIMITED PARTNERSHIP					
Principal Place of Business 7330 WESTMORELAND DRIVE SARASOTA, FL 34243			Mailing Address 7330 WESTMORELAND DRIVE SARASOTA, FL 34243		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
03092005 Chg-LP CR2E003 (10/03)				4. FEI Number 36-4504331	
				Applied For Not Applicable	
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		
GRANT, WILLIAM B III 7330 WESTMORELAND DRIVE SARASOTA, FL 34243			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>					
9. Capital Contributions as Shown on record. \$9,800.00			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 #	P95000071872		STREET ADDRESS		
NAME	CLEAR CUT ACRYLICS, INC.		CITY-ST-ZIP	03/25/05--01005--021 **158.75	
STREET ADDRESS	7330 WESTMORELAND DRIVE			800049168238	
CITY-ST-ZIP	SARASOTA, FL 34243			03/25/05--01005--021 **158.75	
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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: <i>Will Grant</i>			3/16/05 (941) 752-4501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE