


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001426					
1. Entity Name ALTMAN FAMILY PROPERTIES, LTD.					
Principal Place of Business 12005-5TH STREET E TREASURE ISLAND, FL 33706		Mailing Address 12005-5TH STREET E TREASURE ISLAND, FL 33706			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 75-3085923	
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		
BACON, DAVID A 2959 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713			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 title if applicable.</small>					
9. Capital Contributions as Shown on record. \$400.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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		
	ALTMAN, CHARLES				
STREET ADDRESS	7152 SOUTH SHORE DRIVE		CITY-ST-ZIP		
	ST. PETERSBURG, FL 33707				
DOCUMENT #	NAME		STREET ADDRESS		
	ALTMAN, ETHEL				
STREET ADDRESS	7152 SOUTH SHORE DRIVE		CITY-ST-ZIP		
	ST. PETERSBURG, FL 33707				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			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)(f), 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>Ethel Altman</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



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