

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

DOCUMENT # A02000001459
1. Entity Name
SHARPE INVESTMENT LIMITED PARTNERSHIP



FILED
2005 APR 12 AM 9:32
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
ATTN: CRAIG A. MUNDY, ESQ.
4927 SOUTHFORK DRIVE
LAKELAND FL 33813 ATTN: CRAIG A. MUNDY, ESQ.
4927 SOUTHFORK DRIVE
LAKELAND FL 33813

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**MUNDY, CRAIG A ESQ
4927 SOUTHFORK DRIVE
LAKELAND FL 33813**

4. FEI Number Applied For
04-3728080 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$2,750,000.00** 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	
DOCUMENT #	P02000049974
NAME	SHARPE FAMILY ENTERPRISES, INC.
STREET ADDRESS	2927 SOUTHFORK DRIVE
CITY-ST-ZIP	LAKELAND FL 33813
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	4927 Southfork Drive
CITY-ST-ZIP	
STREET ADDRESS	700054035097
CITY-ST-ZIP	05/09/05 01089 000 #1526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Mary W Sharpe President Sharpe Family Enterprises* Date: *05-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #