


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001592
1. Entity Name
SEDONA PROPERTIES LTD.



Principal Place of Business
520 SE 8TH AVE.
CRYSTAL RIVER, FL 34429

Mailing Address
PO BOX 976
CRYSTAL RIVER, FL 34423-0976



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04212005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
36-4516027

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUBBARD, JEREMIAH A
520 SE 8TH AVE.
CRYSTAL RIVER, FL 34429

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.

9. Capital Contributions as Shown on record. \$15,000.00

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 #	L33783
NAME	SEDONA INVESTMENT GROUP, INC.
STREET ADDRESS	520 SE 8TH AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200055371292
CITY-ST-ZIP	05/26/05--01039--024 **193.75
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: *Tana W. Hubbard* Date: 4/26/05 Daytime Phone #: (352) 745-1300