2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	1ENT # A03000000	002			ر . استان سالا کا
1. Entity Name SUPER PERFORMANCE HORSES LIMITED PARTNERSHIP					
				Z#05 11A	Y -2 ₱ 4: 19
i i	Principal Place of Business Mailing Address			SECRET	TARY OF STATE NOSCE, FLO. IA
22007 DEER POINTE CROSSING 22007 DEER POINTE CROSS BRADENTON, FL 34202-000 BRADENTON, FL 34202-000				TALLAH.	NOSEE, FLO. JA
				 	HI OBIH BUH BUK BUK UKK UKK HENCH BI IBU
2. Principal Place of Business 1. Principal Place of Business 2. Principal Place of Business 3. Mailing Address 4. Principal Place of Business			ג בצו		
Suite, Apt. #, etc. Suite, Apt. #, etc.				04012005 Chg-LP	CR2E003 (10/03)
City & State City & State			<u></u>	4. FEI Number	Applied For
Zip	Country	Zip Co	T C	20-0061561 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
34166	6. Name and Address of Current Ro	74265	45	7. Name and Address of New F	ree Hequired
Name					
AMES, ANDREW T CPA CFP 128 W OAK ST ARCADIA, FL 34266			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
	amed entity submits this statement for this of registered agent.	he purpose of changing its regis	tered office or regist	ered agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions					
as Shown on		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 CH	ANGES ONLY
NAME S	SUPER, JOHN C		STREET ADDRESS	D.O. BUX 13:	29
l I	22007 DEER POINTE CROSSING BRADENTON, FL 342020000		CITY-ST-ZIP	RCADIA FZ	74265
DOCUMENT #	SUPER, GERTRUDE H 22007 DEER POINTE CROSSING BRADENTON, FL 342020000			.O. Box 132	
STREET ADDRESS 2				_	
ODCUMENT #				PCADSA FL	34265
NAME STREET ADDRESS		.	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS	500055 05/24/0501064	194705
STREET ADDRESS			CITY-ST-ZIP	05/24/050106	}∐4 **!41.∠3
CITY-ST-ZIP DOCUMENT * NAME TREET ADDRESS CITY-ST-ZIP DOCUMENT * NAME			STREET ADORESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			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					
SIGNATU	JRE: X Int	ude I.	Jupi	1/4/20/0	5- 863 9930579
SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING GENERAL PARTNER / Oale / Daytime Proce #					