


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000000122		
1. Entity Name SUSAN SCOTT ENTERPRISES, LLLP		

Principal Place of Business 10624 N.W. 225-A OCALA, FL 34482	Mailing Address C/O WILLIAM D. SOMAN, TR., SUSAN SCOTT TRST 9000 ARVIDA DRIVE CORAL GABLES, FL 33156
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01282005 Chg-LP CR2E003 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM D. SOMAN, P.A. 9000 ARVIDA DRIVE CORAL GABLES, FL 33156
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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, \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date, \$1,100,000.
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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 #	SOMAN, WILLIAM D TRUSTEE	STREET ADDRESS	
NAME	9000 ARVIDA DRIVE	CITY - ST - ZIP	000000230829 02/16/05-80005-005 \$26.25
STREET ADDRESS	CORAL GABLES, FL 33156		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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)(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: 	WILLIAM D. SOMAN, TR GENERAL PARTNER	02/03/05 (305) 661-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #