2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0300000578  1. Entity Name RANDI L. ERICKSON FAMILY LIMITED PARTNERSHIP			PANDI ERICKSON 9285 205TH AVE NW ELK RIVER MN 55330
Principal Place of Business 241 JACKSON ST. ANOKA, MN 55303  Mailing Address 241 JACKSON ST. ANOKA, MN 55303			Change
2. Principal Place of Business 4 Ave. 3. Mailing Address 205		246 1	
985 205 Ave. 985 20 Suite, Apt. #, etc. Suite, Apt. #, etc.		*05 " 'Hve.	02142005 Chg-LP CR2E003 (10/03)
City & State EIK River, 1	UN City & State	o- MINI	4. FEI Number Applied For A7-09161.72 Not Applicable
Zip Countr		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
ERICKSON, RANDI L 12200 VONN RD 2102 LARGO, FL 33774		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 Fiorida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$1,000.00 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 13. ADDRESS CHANGES ONLY			
		STREET ADDRESS	
STREET ADDRESS 241 JACKSON ST	ET ADDRESS 241 JACKSON ST Change		100048399071 03/15/0501010002 **141.25
OOCUMENT # NAME ERICKSON, BRIAN E CHANGE		STREET ADDRESS	03/15/0501010002 **141.25
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NAME STREET ADDRESS		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)(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: / Mandi/ 100 m 3/6/05/012-701-9300			
SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNER Date Daylime Phone #			