

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

DOCUMENT # A03000000734
1. Entity Name
MA REILLY INVESTMENT LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 15 AM 10:00

Principal Place of Business
7423 18TH STREET N.E.
SAINT PETERSBURG, FL 33702

Mailing Address
7423 18TH STREET N.E.
SAINT PETERSBURG, FL 33702

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

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

[Handwritten Signature]



City & State
Zip Country

City & State
Zip Country

02182005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
**REILLY, MARY A
7423 18TH STREET N.E.
SAINT PETERSBURG, FL 33702**

4. FEI Number
20-0021026

Applied For
 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.

9. Capital Contributions as Shown on record. **\$0.00**

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 #	REILLY, MARY A
NAME	7423 18TH STREET N.E.
STREET ADDRESS	SAINT PETERSBURG, FL 33702
CITY-ST-ZIP	
DOCUMENT #	ROEDER, ROSS E
NAME	1663 WATERMARK CIRCLE N.E.
STREET ADDRESS	SAINT PETERSBURG, FL 33702
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500058887765
CITY-ST-ZIP	08/23/05--01043--003 **926 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 19.07(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 A Reilly* **8/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #