


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 25, 2005 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A03000000747</b>			
1. Entity Name <b>SMIGIEL PARTNERS XIX, LTD.</b>			
Principal Place of Business <b>7965 LANTANA ROAD LAKE WORTH FL 33454</b>		Mailing Address <b>PO BOX 540623 LAKE WORTH FL 33454</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>56-2356510</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33454</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$3,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L93000000238</b>	STREET ADDRESS	
NAME	<b>GARY SMIGIEL, L.C.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>PO BOX 540623</b>		
CITY-ST-ZIP	<b>LAKE WORTH FL 33454</b>		
DOCUMENT #	<b>P00000103016</b>	STREET ADDRESS	<b>000049887628</b>
NAME	<b>C. H. CONSULTING, INC.</b>	CITY-ST-ZIP	<b>04/05/05--01015--002 **141.25</b>
STREET ADDRESS	<b>6823 VISTA PKY NORTH</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**GARY SMIGIEL**

Date **3/25/05** Paying Phone **561-968-3605**

STAPLE CHECK HERE