

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001802 1. Entity Name NUTURF PARTNERS LIMITED				 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 05 MAY 23 PM 1:06 W 05/24/05 </div>	
Principal Place of Business 2701 N. DIXIE HWY. POMPAHO BEACH, FL 33064		Mailing Address 2701 N. DIXIE HWY. POMPAHO BEACH, FL 33064		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
2. Principal Place of Business 5537 NORTH CAMEO DRIVE Suite, Apt. #, etc.		3. Mailing Address 5537 NORTH CAMEO DRIVE Suite, Apt. #, etc.		01072005 Chg-LP CR2E003 (10/03)	
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 20-0479170	
Zip 33433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, APRIL 5537 NORTH CAMEO DRIVE BOCA RATON, FL 33433				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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div> 000055331380 05/25/05--01052--001 **526.25 <small>DATE</small> </div> </div>					
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,682,000.00			
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 #	L03000055562		STREET ADDRESS		
NAME	NUTURF MANAGMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	5537 NORTH CAMEO DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
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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: <u>APRIL J MURPHY</u> Mgr. 4-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4-22-05 Day/Time Phone #		

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