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

## Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # A03138 1. Entity Name WARREN, LTD. Principal Place of Business Mailing Address 806 PIERCE ST. CLEARWATER FL 33756 806 PIERCE ST. CLEARWATER FL 33756 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **1ST MOORE** CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-1419167 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARREN, DALE R Street Address (P.O. Box Number is Not Acceptable) 806 PIERCE ST. **CLEARWATER FL 34616** 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. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME WARREN, GLENN T STREET ADDRESS 806 PIERCE ST. CITY - ST - ZIP CITY-ST-7/P CLEARWATER FL 33756 DOCUMENT # STREET ADDRESS UNNAND331138 NAME WARREN, DALE R <del>04/25/05-85005-664</del> 141.25 STREET ADDRESS 513 N. MAYO STREET CITY-ST-ZIP without Zir CRYSTAL BEACH FL 34681 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 3 STREET ADDRESS CITY-ST-ZIP CITY ST -TIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP 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:

FILED

Daytime Phone #