

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000000210

**FILED**  
**Feb 16, 2005**  
**Secretary of State**

**Entity Name:** U.S. CONFEDERATED CAPITAL ALLIANCES, LTD

**Current Principal Place of Business:**

158 S. E. 5TH STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

158 S. E. 5TH STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIDT, JUERGEN  
158 S. E. 5TH STREET  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 1.00

**Amount of Capital Contributions in Florida to date:** 1.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: FISCHER, TASSILO  
Address: 1928 FOUR MILE COVE PKWY  
City-St-Zip: CAPE CORAL, FL 33990

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TASSILO FISCHER

G

02/16/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date