
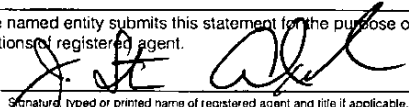
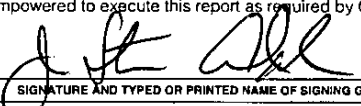


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 31, 2005 8:00 am
Secretary of State

DOCUMENT # A04000000245 1. Entity Name INLET SUNRISE PARTNERSHIP, LLLP					
Principal Place of Business 15 DOLPHIN DR. ST. AUGUSTINE, FL 32080			Mailing Address 15 DOLPHIN DR. ST. AUGUSTINE, FL 32080		
2. Principal Place of Business 19 Old Mission Avenue Suite, Apt. #, etc.		3. Mailing Address 19 Old Mission Avenue Suite, Apt. #, etc.			
City & State St. Augustine, FL Zip 32084 Country USA		City & State St. Augustine FL Zip 32084 Country USA		4. FEI Number 20-1892067 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02092005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent ALEXANDER, J. STEPHEN 19 OLD MISSION AVE. ST. AUGUSTINE, FL 32084			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 2/9/05					
9. Capital Contributions as Shown on record. \$ 1,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	04/20/05-01011-001 **88.75 04/07/05-01011-001 **88.75	
NAME	INLET SUNRISE DEVELOPMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	19 OLD MISSION AVE.		STREET ADDRESS	800050093138 04/07/05-01011-001 **88.75	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS	800050093138 04/07/05-01011-002 **61.25	
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			2/9/05 804 8249788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE