


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000000312					
1. Entity Name SENECA TRAILS, LTD.					
Principal Place of Business 499 NORTH FERDON BLVD. CRESTVIEW, FL 32539			Mailing Address P.O. BOX 757 CRESTVIEW, FL 32536		
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 01142005 Chg-LP CR2E003 (10/03)	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RUSSELL, DAVID A 499 NORTH FERDON BLVD. CRESTVIEW, FL 32539				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 <i>David A. Russell</i> DATE					
9. Capital Contributions as Shown on record. \$18,000.00		10. Amount of Capital Contributions in FLORIDA to date. 64,000		Feb 3, 2005	
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		
NAME	RUSSELL, DAVID A		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 757				
CITY-ST-ZIP	CRESTVIEW, FL 32536				
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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: <i>David A. Russell</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date					
Daytime Phone #					

FILED

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SECRETARY OF STATE



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