

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

DOCUMENT # A04000000341 1. Entity Name STUART INVEST LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 28 AM 10:55

Principal Place of Business 333 SOUTHERN BLVD. SUITE 400 WEST PALM BEACH FL 33405	Mailing Address P.O. BOX 885 LOXAHATCHEE FL 33470
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 20-0361640	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INTERNATIONAL CONSULTANTS & REALTY, INC. 333 SOUTHERN BOULEVARD SUITE 400 WEST PALM BEACH FL 33405	7. Name and Address of New Registered Agent Name HORST. PFERDEKEMPER, TRUSTEE Street Address (P.O. Box Number is Not Acceptable) 3037 BUCKRIDGE TRAIL LOXAHATCHEE, FL 33470 City FL Zip Code
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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>[Signature]</i> (PFERDEKEMPER) 02-07-05 Signature, typed or printed name of registered agent and title if applicable DATE	11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$5,000.00	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 # 548409 NAME HANNOVER, CORP. STREET ADDRESS 3037 BUCKRIDGE TRAIL CITY-ST-ZIP LOXAHATCHEE FL 33470	STREET ADDRESS 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: *[Signature]* **Hannover Corp. as Gen. Partner** **02/07/05** **(561) 753 0819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

STAPLE CHECK HERE