
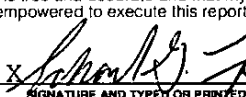


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 23 AM 9:06

DOCUMENT # A04000000658					
1. Entity Name GARRETT LEE INVESTMENTS, LIMITED PARTNERSHIP					
Principal Place of Business 80 GALAXY BLVD. UNIT 8 ETOBICOKE ONTARIO CANADA M9W 4Y8, XX			Mailing Address 80 GALAXY BLVD. UNIT 8 ETOBICOKE ONTARIO CANADA M9W 4Y8, XX		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0425311	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILES, ANDREW 1121 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,000.00			
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	7 LAWRENCE GATE	
STREET ADDRESS	FOLEY, EDWARD G		CITY-ST-ZIP	BOWMANVILLE, ONTARIO L1C 4M8	
CITY-ST-ZIP	80 GALAXY BLVD. UNIT #8 ETOBICOKE, ONTARIO, NA M9W 4Y8		STREET ADDRESS	REINSTATEMENT 2005	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: 			EDWARD G. FOLEY X (905) 623-0408		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE