
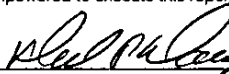


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 11:00

DOCUMENT # A04000000687			
1. Entity Name SHOWBOAT CAR WASH LIMITED PARTNERSHIP, LLLP			
Principal Place of Business 1636 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		Mailing Address 1636 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business 520 S. PONCE DE LEON BLVD.		3. Mailing Address 520 S. PONCE DE LEON BLVD.	
City & State St. Augustine, FL		City & State St. Augustine, FL	
Zip 32084		Zip 32084	
Country ST. Johns		Country ST. Johns	
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32250		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$312,500.00		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 CITY-ST-ZIP	L04000027839 SHOWBOAT MANAGEMENT, LLC 1636 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900056302089 06/17/05--01040--007 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900056302089 06/17/05--01040--008 **376.25
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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:  DAVID DANZEL		Date 4/14/05 810-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE