

2005 LIMITED PARTNERSHIP ANNUAL REPORT


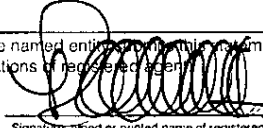
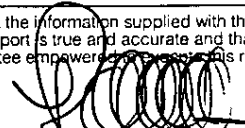
Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A04000000837					
1. Entity Name CROMARTIE DESIGN AND PLANNING, LTD.					
Principal Place of Business 4309 PABLO OAKS COURT JACKSONVILLE, FL 32224			Mailing Address 4309 PABLO OAKS COURT JACKSONVILLE, FL 32224		
2. Principal Place of Business 7400 NW 193rd Street		3. Mailing Address P.O. Box 787			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orange Lake, FL		City & State Orange Lake, FL		4. FEI Number 202486670	
Zip 32681	Country	Zip 32681	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STODGHILL, CURTIS HENDERSON KEASLER LAW FIRM, PA 4309 PABLO OAKS COURT, FL 32224			7. Name and Address of New Registered Agent Name Robert A. Cromartie Street Address (P.O. Box Number is Not Acceptable) 7400 NW 193rd Street City Orange Lake FL Zip Code 32681		
8. The above named entity is submitting 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 the registered agent. SIGNATURE  Robert A. Cromartie 3/30/04 DATE					
9. Capital Contributions as Shown on record. \$100.00		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 #	P04000060644		STREET ADDRESS	P.O. Box 787	
NAME	CROMARTIE DESIGN MANAGEMENT, INC.		CITY-ST-ZIP	Orange Lake, FL 32681	
STREET ADDRESS	4309 PABLO OAKS COURT				
CITY-ST-ZIP	JACKSONVILLE, FL 32224				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	200054020352	
STREET ADDRESS			05/06/05 01068 029 **141.25		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 file this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 		ROBERT A. Cromartie		3/30/05 352-591-5888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE