


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -6 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000847		
1. Entity Name SELCHRIS, LTD.		

Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1160763	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746		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
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9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	CTS HOLDING, LLC		
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130	CITY - ST - ZIP	700055721217
CITY - ST - ZIP	HEATHROW, FL 32746		06/03/05--01060--005 **141.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KAC HOLDING, LLC		
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130	CITY - ST - ZIP	
CITY - ST - ZIP	HEATHROW, FL 32746		
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
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: 	C. Thomas Selby	4-25-05	407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE