
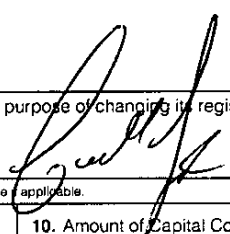
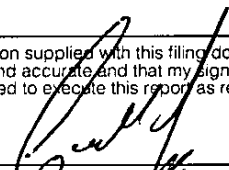


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

438.75

DOCUMENT # A04000000855					
1. Entity Name FITZGERALD'S ICES, COFFEES & PASTRIES LTD.					
Principal Place of Business 9070 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US			Mailing Address 9070 BONITA BEACH RD. BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1166399	
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 PEREZ, LAWRENCE 27657 OLD 41 ROAD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name: CAMPBELL GAULT Street Address (P.O. Box Number is Not Acceptable) 9070 BONITA BEACH RD City: BONITA SPRINGS FL Zip Code: 34135	
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: 4/20/05					
9. Capital Contributions as Shown on record. \$50,000.00		10. Amount of Capital Contributions in FLORIDA to date.		438.75	
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 #	L03000043490			STREET ADDRESS	
NAME	CECIL ASHE, LLC			CITY-ST-ZIP	
STREET ADDRESS	27657 OLD 41 ROAD				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	200062014362
STREET ADDRESS					12/09/05--01035--004 **438.75
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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DOCUMENT #				STREET ADDRESS	
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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 execute this report as required by Chapter 620, Florida Statutes SIGNATURE:  DATE: 4/20/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date: 239-992-4232	