


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000000921 1. Entity Name FLORIDA COACHMAN HOLDINGS, LTD.	
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Principal Place of Business 7320 E. FLETCHER AVE, STE 110 TAMPA FL 33637	Mailing Address 7320 E. FLETCHER AVE, STE 110 TAMPA FL 33637
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2. Principal Place of Business 8402 Laurel Fair Cir Suite, Apt. #, etc. Stk 205 City & State Tampa FL Zip 33610 Country USA	3. Mailing Address 8402 Laurel Fair Cir Suite, Apt. #, etc. Stk 205 City & State Tampa FL Zip 33610 Country USA
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FILED

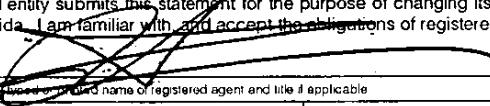
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1ST MOORE CR2E003 (10/04)

4. FEI Number 20-1224352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURNETT, ROBERT J ESQ 3111 STIRLING RD FT LAUDERDALE FL 33312	7. Name and Address of New Registered Agent Name Nash Thomas II Street Address (P.O. Box Number is Not Acceptable) 625 Court Street Stk 200 City Clearwater FL Zip Code 33756
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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 _____ Signature of registered agent and title if applicable	11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info
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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000042223 FLORIDA COACHMAN REALTY, LLC 7320 E. FLETCHER AVE, STE 110 8402 Laurel Fair TAMPA FL 33637 Tampa FL 33610	STREET ADDRESS CITY-ST-ZIP	8402 Laurel Fair Cir Stk 205 Tampa FL 33610
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200048121682 03/10/05--01007--017 **141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300048121753 03/10/05--01007--018 **8.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE