


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

DOCUMENT # A04000001165		
1. Entity Name THE FREE-MARKET FUND, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:32

Principal Place of Business 3630 PARK CENTRAL BLVD, NORTH POMPANO BEACH FL 33064	Mailing Address 3630 PARK CENTRAL BLVD, NORTH POMPANO BEACH FL 33064
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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



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE, 28TH FLOOR MIAMI FL 33131		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 _____
Signature, typed or printed name 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. **\$25,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **600,000.00**

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 #	P03000119256	STREET ADDRESS	
NAME	SCOTIA CAPITAL MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	7914 SHENANDOAH LANE		
CITY-ST-ZIP	PARKLAND FL 33067		
DOCUMENT #		STREET ADDRESS	500048186595
NAME		CITY-ST-ZIP	03/11/05--01007--004 **526.25
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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:  **2/10/05**
Signature and typed or printed name of signing general partner Date Daytime Phone #

STAPLE CHECK HERE