


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:03

DOCUMENT # A04000001229		
1. Entity Name ARDECO PROPERTIES LIMITED PARTNERSHIP		

Principal Place of Business 423 SOUTH KELLER ROAD, STE 200 ORLANDO, FL 32810	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961
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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

[Handwritten initials]



03172005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-1418738	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 B & C CORPORATE SERVICES OF CENTRAL FLORID 390 NORTH ORANGE AVE., STE. 100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____	800056033968 05/10/05-01073-004 **141.25 DATE
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9. Capital Contributions as Shown on record \$50.00	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 #	L04000054844	STREET ADDRESS	
NAME	ARDECO GP, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	423 SOUTH KELLER ROAD, STE 200		
CITY-ST-ZIP	ORLANDO, FL 32810		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>[Signature]</i>	4-25-05	607 660 2766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

Raymond L. Scott, Manager

STAPLE CHECK HERE