


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

DOCUMENT # A04000001262					
1. Entity Name 137 DUNE, LTD.					
Principal Place of Business 4522 WOODMERE ROAD TAMPA FL 33609			Mailing Address 4522 WOODMERE ROAD TAMPA FL 33609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1549803	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 11:00



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent RICH, MARGUERITE P 4522 WOODMERE ROAD TAMPA FL 33609				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
				\$142,389.00	

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

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 #	RICH, G. BARRETT IV	STREET ADDRESS	
NAME	4522 WOODMERE ROAD	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33609		
CITY-ST-ZIP			
DOCUMENT #	RICH, MARGUERITE P	STREET ADDRESS	
NAME	4522 WOODMERE ROAD	CITY-ST-ZIP	
STREET ADDRESS	TAMPA FL 33609		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500047876495
NAME		CITY-ST-ZIP	03/08/05--01013--025 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:

G. Barrett IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/23/05

Date

813 286.0338

Daytime Phone #

STAPLE CHECK HERE