


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 JAN 10 AM 3:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001479</b>					
1. Entity Name ASM CONSTRUCTION, LTD.					
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751			Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961		
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 16-1708578	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL., INC 390 NORTH ORANGE AVE., STE. 1100 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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$50.00			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 #	L04000066692		STREET ADDRESS		
NAME	HMDA II, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	1551 SANDSPUR ROAD				
CITY - ST - ZIP	MAITLAND, FL 32751				
DOCUMENT #	L04000066923		STREET ADDRESS	900044601029	
NAME	AHG, L.L.C.		CITY - ST - ZIP	01/12/05--01010--011 **150.00	
STREET ADDRESS	1551 SANDSPUR ROAD				
CITY - ST - ZIP	MAITLAND, FL 32751				
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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: <u>M</u>			Date: 1/7/05		
MICHAEL J. SCIARRINO, MANAGER			407/741-8500		

STAPLE CHECK HERE