


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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------|---------|---|--|---------------------------|
| DOCUMENT # A04000001521 | | | |  | |
| 1. Entity Name TUCKET ASSOCIATES, LTD. | | | | | |
| Principal Place of Business 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431 | | | Mailing Address 4001 N. OCEAN BLVD., PH4B BOCA RATON FL 33431 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number | |
| | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KAGAN, ARNOLD H 4001 N. OCEAN BLVD., PH 4B BOCA RATON FL 33431 | | | | 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. \$0.00 | | | 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 # | P04000122751 | | | STREET ADDRESS | |
| NAME | SELMAN PROPERTIES CORP. | | | CITY- ST- ZIP | |
| STREET ADDRESS | 4001 N. OCEAN BLVD., PH4B | | | | |
| CITY- ST- ZIP | BOCA RATON FL 33431 | | | | |
| DOCUMENT # | | | | STREET ADDRESS | 100000122774 |
| NAME | | | | CITY- ST- ZIP | 02/09/05-80068-007 141.25 |
| 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: ARNOLD H. KAGAN | | | | 2/4/05 561-368-7223 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | Date Daytime Phone # | |

STAPLE CHECK HERE