

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 29, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A04000001600 1. Entity Name PLURIS OPPORTUNITY FUND, LIMITED PARTNERSHIP					
Principal Place of Business 33 EAST ROBINSON AVENUE ORLANDO, FL 32801			Mailing Address 33 EAST ROBINSON AVENUE ORLANDO, FL 32801		
2. Principal Place of Business 33 E. ROBINSON ST. Suite, Apt. #, etc. STE. 101		3. Mailing Address 33 E. ROBINSON ST. Suite, Apt. #, etc. STE. 101			
City & State 		City & State 		03182005 Chg-LP CR2E003 (10/03)	
Zip 		Zip 		4. FEI Number 11-3728495	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'DERRICK, MICHAEL 33 EAST ROBINSON AVENUE ST., STE 101 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. \$700,000 \$25,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$700,000			
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 #	P04000045900		STREET ADDRESS	33 E. ROBINSON ST., STE 101	
NAME	PLURIS PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	33 EAST ROBINSON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Robert E. Salvson</u> ROBERT E. SALVSON 4-27-05 407-650-9990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

FOR PLURIS PARTNERS, INC.