


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

DOCUMENT # A04000001659		
1. Entity Name CLEMATIS PARTNERS, LLLP		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -7 AM 9:33

Principal Place of Business 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 US	Mailing Address P.O. BOX 1625 WEST PALM BEACH FL 33402 US
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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 signature]



1ST MOORE CR2E003 (10/04)

4. FEI Number 20-1781825		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SATTER, JONATHAN R 100 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401		
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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$400,000.00**

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 #	NAME	STREET ADDRESS	
NAME	SATTER, JONATHAN R	CITY-ST-ZIP	
STREET ADDRESS	115 PALMETTO LANE		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DEWOODY, DONALD K JR.	CITY-ST-ZIP	
STREET ADDRESS	1280 BEAR ISLAND DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ELHILOW, MARK B	CITY-ST-ZIP	
STREET ADDRESS	215 5TH STREET #200		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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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: *[Handwritten signature: Jonathan R. Satter]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/2005 **561 659 1800**
 Date Daytime Phone #

STAPLE CHECK HERE