2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Principal Place of Business 1551 SANDSPUR ROAD NOTIFICATIONS 1551	DOCUMENT # A0400001995  1. Entity Name GOLDENROD COVE PARTNERS, LTD.					2005 JAN 18	AM 9: 10		
Subse, April #, etc.    Subse, April #, etc.   Subset   S	1551 SANDS	PUR ROAD	P.O. BOX 4961	P.O. BOX 4961		Ţ.ALLAHASSEE	, FLORIDA		
City & State    Country	2. Principal P	Principal Place of Business     3. Mailing Address							
20 COUNTY ZID COUNTY S. Certificate of Status Desired Sets Sets Sets Sets Sets Sets Sets Sets	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042005 Chg-LP	CR2E003 (10/03)		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  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 agent, or both, in the Siste of Piorica. I am familiar with, and accept the deligations of registered agent.  SigNATURE  9. Capital Contributions 250.00  10. Amount of Capital Contributions 2	City & State		City & State			4. FEI Number 20 - 20 336	Applied For Not Applicable		
BRC CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100  City  FL  City  FL  Zip Code  City  FL  Zip Code  The abbove named entily submits this statement for the purpose of changing its registered after office or registered agent, or both, in the State of Fonda. I am liamitar with, and accept the second process of registered agent.  SIGNATURE  9. Capital Contributions Signature  9. Capital Contributions Signature  NAME  A GENERAL PARTIERS THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTIFIC General Partners MAY MOT be changed on the form; an amendment must be filled to change a general partner.  12.  CENERAL PARTNER INFORMATION  13.  ADDRESS CHANGES ONLY  SIREL ADDRESS  CITY 51-2P  DOLLARIT ( SIREL ADDRESS  CITY 51-2P  CITY	Zip	Country	Country Zip Co		ry		\$8.75 Additional		
BAC CORPORATE SERVICES OF CENTRAL FLORIDA 39 NORTH RORAIGE AVENUE, SUITE 1100  Read Address (P.O. Box Nurriber is Not Acceptable)  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, so both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions 9. Sponson on rocord. 9. Capital Contributions 9. Sponson on rocord. 10. Amount of Capital Contributions 9. Story on the Contributions 9. Capital Contributions		6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Reg	gistered Agent		
Stroot Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	B&C CORE	PORATE SERVICES OF CE	NTRAL ELORIDA	ł	Name				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent and after soulcate.  9. Capital Contributions \$50.00  10. Amount of Capital Contributions \$50.00  11. Amount of Capital Contributions \$50.00  12. Capital Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  13. ADDRESS CHANGES ONLY  14. CAPOCOMBIT    15. ADDRESS CHANGES ONLY  15. STREET ADDRESS  15. STREET	390 NORT	390 NORTH ORANGE AVENUE, SUITE 1100				P.O. Box Number is Not Acceptable)			
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