


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10: 06

DOCUMENT # A04000002082 1. Entity Name SHARPE FAMILY INVESTMENTS, LTD.					
Principal Place of Business 100 CYPRESS LAGOON COURT PONTE VEDRA BEACH, FL 32082			Mailing Address 100 CYPRESS LAGOON COURT PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 20-3276738	
6. Name and Address of Current Registered Agent SHARPE, MICHAEL V 100 CYPRESS LAGOON COURT PONTE VEDRA BEACH, FL 32082				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. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	L04000093443		STREET ADDRESS	100060088731	
NAME	CLAREMONT PROPERTY INVESTORS, LLC		CITY-ST-ZIP	03/29/05--01067--005 **141.25	
STREET ADDRESS	100 CYPRESS LAGOON COURT		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 9-5-05 Daytime Phone #		

STAPLE CHECK HERE