
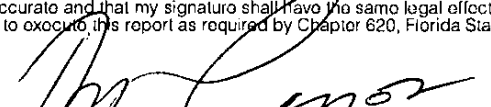


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000058</b>					
1. Entity Name <b>GARROTT 2005 INVESTMENTS, LTD.</b>					
Principal Place of Business <b>350 PALMETTO POINT VERO BEACH FL 32963</b>			Mailing Address <b>350 PALMETTO POINT VERO BEACH FL 32963</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2103137</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GARROTT, THOMAS M III 350 PALMETTO POINT VERO BEACH FL 32963</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 fee if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GARROTT, THOMAS M III		CITY- ST- ZIP		
CITY- ST- ZIP	350 PALMETTO POINT VERO BEACH FL 32963				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GARROTT, ALLISON M				
CITY- ST- ZIP	350 PALMETTO POINT VERO BEACH FL 32963				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS					
CITY- ST- ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE