



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

DOCUMENT # A06718 1. Entity Name COOPER SMITH PROPERTIES, LTD.						<div style="transform: rotate(-15deg); font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 APR 29 AM 7:23</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 1223 RIVER BREEZE BLVD 26 KATRINAS DR. ORMOND BEACH FL 32176 32174				Mailing Address 1223 RIVER BREEZE BLVD 26 KATRINAS DR. ORMOND BEACH FL 32176 32174					
2. Principal Place of Business 26 KATRINAS DRIVE Suite, Apt. #, etc. —		3. Mailing Address 26 KATRINAS DRIVE Suite, Apt. #, etc. —		<div style="font-size: 24px; font-weight: bold;">MK</div>					
City & State Ormond Beach, FLA.		City & State Ormond Beach FLA.		4. FEI Number 59-1854583		Applied For <input type="checkbox"/> Not Applicable			
Zip 32174 Country USA		Zip 32174 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, COOPER 1223 RIVER BREEZE BLVD 26 KATRINAS DR. ORMOND BEACH FL 32176 32174				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.						11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						9. Capital Contributions as Shown on record. \$500.00			
10. Amount of Capital Contributions in FLORIDA to date.						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			
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 SMITH, COOPER STREET ADDRESS 1223 RIVER BREEZE BLVD 26 KATRINAS DRIVE CITY-ST-ZIP ORMOND BEACH FL 32174				STREET ADDRESS 300054915163 CITY-ST-ZIP 05/20/05--01041--005 **141.25					
DOCUMENT # NAME SMITH, ELIZABETH STREET ADDRESS 1223 RIVER BREEZE BLVD 26 KATRINAS DRIVE CITY-ST-ZIP ORMOND BEACH FL 32174				STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					

STAPLE CHECK HERE

SIGNATURE:

Cooper Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/05 (386) 672-8784
 Date Daytime Phone #