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

Feb 02, 2005 08:00 AM DOCUMENT # A07021 **Secretary of State** 1. Entity Name SOUTH PACIFIC ENTERPRISES, LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 59-1894668 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTAMARIA, JESS R Street Address (P.O. Box Number is Not Acceptable) 255 PONDEROSA COURT **ROYAL PALM BEACH FL 33411** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if epolicable See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$370,000.00 as Shown on record, in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADURESS NAME SANTAMARIA, JESS R. STREET ADDRESS 255 PONDEROSA COURT CUTY-\$1-7IP CITY ST-ZIP ROYAL PALM BEACH FL 33411 DOCUMENT # 1/00000208836 STREET ADDRESS NAME N2/N2/N5-8AAA-A24 526 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITC-ST-7/P CITY-SI-71P DOCUMENT # STREET ADORESS STREET ADDRESS CHY-SI-7IP CHY-SI-ZIF DOCUMENT # STREET ADDRESS NAME CIREFT ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-ST-ZP

FILED

561)793-2351

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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

CITY ST-ZIP

SIGNATURE: