


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A07570					
1. Entity Name SAMPALA LAKE RANCH LIMITED					
Principal Place of Business 800 FOXHOUND DR., RT. 37 DAYTONA BEACH, FL 32124			Mailing Address 800 FOXHOUND DR., RT. 37 DAYTONA BEACH, FL 32124		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1438520	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KREMSER, GEFFORY 6464 CYPRUS SPRINGS PARKWAY PORT ORANGE, FL 32124			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 \$1,400,000.00			10. Amount of Capital Contributions 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	KREMSER, FRANK J JR.				
	800 FOX HOUND DR.		CITY-ST-ZIP		
	PORT ORANGE, FL 33128		000000331218		
			04/26/05-80007-011 525.25		
DOCUMENT #	NAME		STREET ADDRESS		
	KREMSER, PAULINE H				
	800 FOX HOUND DR.		CITY-ST-ZIP		
	PORT ORANGE, FL 33128				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			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)(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					
SIGNATURE: <i>Pauline H. Kremsier</i>		DATE: 4/11/05		Daytime Phone #: (386) 322-8521	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>DATE</small>		<small>DAYTIME PHONE #</small>	

STAPLE CHECK HERE