


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

FILED

2005 APR 18 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A11593					
1. Entity Name TANDEM ASSOCIATES, LIMITED					
Principal Place of Business 333 S. TAMIAMI TRAIL., SUITE 101 VENICE, FL 34285			Mailing Address 333 S. TAMIAMI TRAIL., SUITE 101 VENICE, FL 34285		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, MICHAEL W 395 COMMERCIAL COURT, STE. A VENICE, FL 34292				Name Miller, Michael W.	
				Street Address (P.O. Box Number is Not Acceptable)	
				333 S. Tamiami Trail Ste 101	
City Venice				FL Zip Code 34285	
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: \$31,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
<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 #	F47892		STREET ADDRESS		
NAME	TANDEM MANAGEMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	333 S. TAMIAMI TRAIL., SUITE 101				
CITY-ST-ZIP	VENICE, FL 34285				
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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)(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: _____			DATE _____ DAYTIME PHONE # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



03152005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2115675 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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