


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

DOCUMENT # A13524 1. Entity Name SOUTH TAMPA, LTD.	
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Principal Place of Business 3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007	Mailing Address 3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2227331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IRVING, PETER 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$6,951,270.00	10. Amount of Capital Contributions in FLORIDA to date. 5,678,174.47
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11: instructions for fee info.

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	
NAME	BAXTER, GEORGE J.	CITY-ST-ZIP	
STREET ADDRESS	4963 BACOPA LANE SO. APT. 803		
CITY-ST-ZIP	ST. PETERSBURG FL 33715		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	IRVING, PETER	CITY-ST-ZIP	
STREET ADDRESS	14900 GULF BLVD. #402		
CITY-ST-ZIP	MADEIRA BCH. FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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:  Peter Irving, Gen Ptnr.	2-16-05	813-282-1873
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

FILED

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1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE