


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A14191		
1. Entity Name DEER RUN VILLAS, LTD.		

FILED

2005 APR -8 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 644 MILTON, FL 32570	Mailing Address P.O. BOX 644 MILTON, FL 32570
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03302005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2453769		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	
CARVER, S. ELLEN 4284 HWY 90 PACE, FL 32571		Name Street Address (P.O. Box Number is Not Acceptable) 4425 Amberwood Ce. City PACE, FL Zip Code 32571	

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 S. Ellen Carver DATE 3-30-05

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$13,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	CARVER, S. ELLEN	STREET ADDRESS	P.O. Box 644
NAME	4284 HWY. 90	CITY-ST-ZIP	MILTON, FL 32572
STREET ADDRESS	PACE, FL 32571		
CITY-ST-ZIP		STREET ADDRESS	P.O. Box 644
		CITY-ST-ZIP	MILTON, FL 32572
		STREET ADDRESS	800054039798
		CITY-ST-ZIP	05/09/05--01011--019 **179.75
		STREET ADDRESS	
		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: S. Ellen Carver DATE 3-30-05 DAYTIME PHONE # 850-623-8144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE