



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A16159</b> 1. Entity Name TAMPA I-75, LTD.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-10deg);">2005 MAR -7 P 1:58</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 3505 E. FRONTAGE RD. #115 TAMPA, FL 33607-7007				Mailing Address 3505 E. FRONTAGE RD. #115 TAMPA, FL 33607-7007			
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			
IRVING, PETER 3505 E. FRONTAGE RD., 115 TAMPA, FL 33607-7007				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span style="font-weight: bold; font-size: 1.2em;">FL</span> <span>Zip Code</span> </div>			
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. <b>\$2,585,700.00</b>				10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 1,290,945.61</b>			
<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 #	NAME			STREET ADDRESS			
STREET ADDRESS	BAXTER, GEORGE J.			CITY-ST-ZIP			
CITY-ST-ZIP	4963 BACOPY LANE SO. APT 803 ST. PETERSBURG, FL 33715						
DOCUMENT #	NAME			STREET ADDRESS			
STREET ADDRESS	IRVING, PETER			CITY-ST-ZIP			
CITY-ST-ZIP	14900 GULF BLVD. #402 MADEIRA BCH, FL						
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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							
<b>SIGNATURE:</b> <i>Peter Irving, Gen. Ptn.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: <b>2-16-05</b>		Daytime Phone #: <b>813-282-1873</b>	

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