2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

_	Due By	FILED					
	DOCUMENT # A17910 1. Entity Name INTERVEST HOMES LIMITED	UMENT # A17910		2005 APR 25 PM 12: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA		112: 22 STATE FLORIDA	
	Principal Place of Business 2359 BEVILLE RD. DAYTONA BEACH, FL 32119 Mailing Address 2359 BEVILLE RD. DAYTONA BEACH, FL 32119						
	. Principal Place of Business 2379 Beville Road Suite, Apt. #, etc. 23. Mailing Address 2379 Beville Suite, Apt. #, etc.		oad	02222005 Chg-LP CR2E003 (10/03)			
	City & State Daytona Beach, Florida Zip Country	City & State Daytona Beach. Zip Cou	ntry	FEI Number 59-2459522 Certificate of Status	Desired	Applied For Not Applicable \$8.75 Additional	
	32119 USA 32119 USA 6. Name and Address of Current Registered Agent		SA Name	7. Name and Address of New Registered Agent ame			
	HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119		Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road				
			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 Signature, typed or printed name of registered agent and title if applicable.				DATE	<u> </u>	
	9. Capital Contributions as Shown on record. \$576,000.00 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.						
YLE CHECK HERE	DOCUMENT / 686314			ADDRESS CHANGES ONLY 2379 Beville Road			
	NAME INTERVEST CONSTRUCTION STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119	СІТ	Y-ST-ZIP	Deville Ros			
	DOCUMENT # NAME STREET ADDRESS	STE	REET ADDRESS				
	CITY-ST-ZIP DOCUMENT #		Y-ST-ZIP	1000 05/12/05	5434 <u>5</u>	671	
	NAME STREET ADDRESS		Y-SI-ZIP	03/12/03	ייייייייייייייייייייייייייייייייייייייי	T **32D.23	
	CITY-ST-ZIP DOCUMENT # NAME	STI	REET ADDRESS	-			
	STREET ADDRESS CITY-ST-ZIP	CIT	Y-\$1-ZIP				
	DOCUMENT # / NAME -	STI	REET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	СІТ	Y-SI-ZIP				
STAPL	DOCUMENT / NAME STREET ADDRESS		Y-SI-ZIP			-	
	CITY-ST-ZIP 14. I hereby certify that the information supplied wit indicated on this report is true and accurate and			ection 119.07(3)(i), Florida	Statutes. I further of a General Partner	certify that the information	
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 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 linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Intervest Construction, Inc. Morteza Hosseini-Kargar, President 19.07(3)(i), Florida Statutes. I further certify that indicates in the certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Intervest Construction, Inc. 19.07(3)(i), Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that I am a General Partner of the linther receiver or trustee empowered to execute the same legal effect as if made under oath; that I am a General Partner of the linther receiver or trustee empowered to execute the same legal effect as if made under oath; that I am a General Partner of the linther receiver or trustee empowered to execute the same legal effect as if made under oath in the linther receiver of the linther receiver							
[386-788-0820 Daytime Phone #						