


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

<b>DOCUMENT # A18757</b>			
1. Entity Name <b>TAMPA EASTSHORE, LTD.</b>			
Principal Place of Business <b>3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007</b>		Mailing Address <b>3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2005 MAR -7 P 1:46



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-2471763</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>IRVING, PETER 3505 E. FRONTAGE RD, #115 TAMPA FL 33609-3415</b>		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. **\$7,054,600.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$5,288,015.00**

**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 CITY-ST-ZIP	<b>BAXTER, GEORGE J. 4963 BACOPA LN SO. APT 803 ST PETERSBURG FL 33715</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>IRVING, PETER 14900 GULF BLVD.#402 MADEIRA BCH. FL</b>	STREET ADDRESS CITY-ST-ZIP	<b>700048122137 03/10/05--01010--007 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>TAUB, THEODORE C. 4937 LYFORD CAY RD TAMPA, FL</b>	STREET ADDRESS CITY-ST-ZIP	
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE