


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 28 PH 1:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A19010 1. Entity Name VILLAGE 56 ASSOCIATES, LTD.	
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Principal Place of Business 504 1/2 N RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	Mailing Address 504 1/2 N RIVERSIDE DR NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business 506 N Riverside Dr Suite, Apt. #, etc.	3. Mailing Address PO Box 1685 Suite, Apt. #, etc.
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City & State New Smyrna Beach, FL	4. FEI Number 59-2559039	Applied For <input type="checkbox"/> Not Applicable
Zip 32170-1685	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03092005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent OSWALD, KENNETH F. 600 COURTLAND ST. SUITE 110 ORLANDO, FL 32804		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. \$20,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	EVANS, JERRY C P.O. BOX 1685 NEW SMYRNA BEACH, FL 321701685	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500055185485 05/24/05-01032-021 **228.75
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STAPLE CHECK HERE

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:  Jerry C. Evans *Apr. 10, 2005* 386-423-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #