2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A19150

1. Entity Name
THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O FLYNN MGMT CORP. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756	C/O FLYNN MGMT CORP. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756

01272005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2639414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLYNN, TOM FLYNN MGMT CORP 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record	$238,000.00	10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	100000246789
NAME	DRAPER, SAM	CITY-ST-ZIP	022705-80079-022 535.00
STREET ADDRESS	1025 MYERS PARK DR.		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		
DOCUMENT #		STREET ADDRESS	
NAME	PETERSEN, PAUL K.	CITY-ST-ZIP	
STREET ADDRESS	211 W. 7TH ST.		
CITY-ST-ZIP	TRAVERSE CITY, MI		
DOCUMENT #		STREET ADDRESS	
NAME	BLAKESLEE, JOHN R.	CITY-ST-ZIP	
STREET ADDRESS	7786 PEACEFUL VALLEY RD		
CITY-ST-ZIP	WILLIAMSBURG, MI		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Sam Draper by Thomas F. Flynn, P.O.A. 2/15/05 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #