

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAR -7 P 1:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A19891 1. Entity Name ALBANY PLACE '85, LTD.					
Principal Place of Business 1336 SEA MARSH COVE AMELIA ISLAND, FL 32034			Mailing Address 1336 SEA MARSH COVE AMELIA ISLAND, FL 32034		
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 59-2527807	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASBURY, TOM 3655 LEEWOOD LANE JACKSONVILLE, FL 32217				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,875,000.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	1336 SEA MARSH COVE		CITY-ST-ZIP		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	WEDEKIND, LEE D. JR.		CITY-ST-ZIP		
CITY-ST-ZIP	1336 SEA MARSH COVE		100048121851 03/10/05--01007--020 **526.25		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	687843		CITY-ST-ZIP		
CITY-ST-ZIP	LLOYD SMITH III AND ASSOCIATES		STREET ADDRESS		
CITY-ST-ZIP	1336 SEA MARSH COVE		CITY-ST-ZIP		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: <u>Lloyd Smith III</u> Gen Partner 3/20/05 (904) 261-1092					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE