
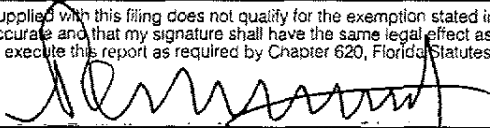


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20409</b>					
1. Entity Name SOUTH SEAS PROPERTIES COMPANY LIMITED PARTNERSHIP					
Principal Place of Business 13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919			Mailing Address 8961 CONFERENCE DRIVE STE. 1 FT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2541464	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, ROBERT M 13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. <b>\$11,703,250.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 #	L9600000209		STREET ADDRESS		
NAME	T & T RESORTS, L.C.		CITY- ST-ZIP	L00000200645	
STREET ADDRESS	13451 MCGREGOR BLVD., STE. 27		CITY- ST-ZIP	02/02/05-80003-008 526.25	
CITY- ST-ZIP	FT. MYERS, FL 33919				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST-ZIP		
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NAME			CITY- ST-ZIP		
STREET ADDRESS					
CITY- ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b>					
		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	



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