



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

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

DOCUMENT # A20601					
1. Entity Name THE ST. LUCIE BOULEVARD, PORT SALERNO, LIMITED PARTNERSHIP					
Principal Place of Business 505 S.E. ST. LUCIE BLVD. STUART, FL 34996		Mailing Address 505 S.E. ST. LUCIE BLVD. STUART, FL 34996			
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 36-3386552	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLEIN, ROBERT C. 505 S.E. ST. LUCIE BLVD. STUART, FL 34996			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE _____		
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00			
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		
	KLEIN, ROBERT C.				
	505 SE ST. LUCIE BLVD.		CITY-ST-ZIP		
	STUART, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	KLEIN, SANDRA L.				
	505 SE ST. LUCIE BLVD.		CITY-ST-ZIP		
	STUART, FL				
DOCUMENT #	NAME		STREET ADDRESS		
	FRISCH, SIDNEY, JR.				
	14 N PEORIA ST., STE 2E		CITY-ST-ZIP		
	CHICAGO, IL 60670				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		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					
SIGNATURE: 			ROBERT C. KLEIN (772) 288-0170 1/24/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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