


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

\$ 526.25



DOCUMENT # A22931					
1. Entity Name TRAFALGAR ASSOCIATES OF SHERIDAN, LTD.					
Principal Place of Business 701 WATERFORD WAY, SUITE 100 MIAMI, FL 33126			Mailing Address 701 WATERFORD WAY, SUITE 100 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GONZALEZ, JOSE A 701 WATERFORD WAY, SUITE 100 MIAMI, FL 33126			7. Name and Address of New Registered Agent 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. \$108,143.00		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 #	L56521		STREET ADDRESS		
NAME	TRAFALGAR ASSOCIATES OF SHERIDAN, INC.		CITY-ST-ZIP		
STREET ADDRESS	701 WATERFORD WAY, SUITE 100				
CITY-ST-ZIP	MIAMI, FL 33126				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP	1100000209691	
STREET ADDRESS				02/02/05-80005-001 526.25	
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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: <i>Jose A Gonzalez</i> JOSE AGUIZ2063			1-27-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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