


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A25661</b>			
1. Entity Name <b>TREE BROTHERS LIMITED</b>			
Principal Place of Business <b>11061 INDIANTOWN ROAD JUPITER FL 33478</b>		Mailing Address <b>11061 INDIANTOWN ROAD JUPITER FL 33478</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**2005 APR 18 PM 1:19**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0110746</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>THOMAS, PAUL A 2000 SE COLONY WAY JUPITER FL 33478</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____
9. Capital Contributions as Shown on record. <b>\$40,986.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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 #	THOMAS, PAUL	STREET ADDRESS	
NAME	2000 SE COLONY WAY	CITY-ST-ZIP	
STREET ADDRESS	JUPITER FL 33478		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>100054290131</b>
NAME		CITY-ST-ZIP	<b>05/11/05--01053--009 **375.75</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(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:** *Paul A Thomas GP* **PAUL A. THOMAS** **4/14/05** **561-745-1703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE