



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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A26297					
1. Entity Name TAMARAC FORTUNE LIMITED PARTNERSHIP					
Principal Place of Business 2415 TENTH AVENUE NORTH LAKE WORTH FL 33461			Mailing Address 2415 TENTH AVENUE NORTH LAKE WORTH FL 33461		
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 65-0056165	
				Applied For <input type="checkbox"/> 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	
MAYHUT, MARY M INTERNATIONAL PROPERTY MGMT. & DEVELOPMENT 2415 10TH AVE. N. LAKE WORTH FL 33461				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. \$10.00		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 #	K21158		STREET ADDRESS		
NAME	WEISERT FORTUNE CORP.		CITY- ST- ZIP		
STREET ADDRESS	2415 TENTH AVENUE NORTH				
CITY- ST- ZIP	LAKE WORTH FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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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: 			4/8/05 5619689382		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



1ST MOORE CR2E003 (10/04)

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

1000000313672
04/18/05-80137-002 141.25

STAPLE CHECK HERE