


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A26363 1. Entity Name BUCKETTS, LTD.	
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Principal Place of Business 6301 S POINTE BLVD FT MYERS, FL 33919	Mailing Address MARCIA J. ANDERSON 15106 PORTS OF LONA DR. FT MYERS, FL 33908
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0050213	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 ANDERSON, MARCIA J. 15106 PORTS OF LONA DRIVE FT MYERS, FL 33908

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00
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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 # M76765	NAME ANDROSE, INC.	STREET ADDRESS	
STREET ADDRESS 15106 PORTS OF LONA DRIVE		CITY-ST-ZIP	
CITY-ST-ZIP FT MYERS, FL 33908			
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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: *Marcia J. Anderson* **Marcia J. Anderson** *1/11/05* **239-481-7311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE