



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

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A26470 1. Entity Name FAIRVIEW GROUP INVESTMENTS, LTD.					
Principal Place of Business 40 BERMUDA LAKE DR PALM BEACH GARDENS FL 33418			Mailing Address 40 BERMUDA LAKE DR PALM BEACH GARDENS FL 33418		
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 65-0049573 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
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	
GEILICH, CHARLES 40 BERMUDA LAKE DR PALM BEACH GARDENS FL 33418				Name Street Address (P O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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. \$625,000.00		10. Amount of Capital Contributions in FLORIDA to date. 0.00			
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 #	M80859		STREET ADDRESS		
NAME	CHARLES ASSOCIATES		CITY- ST- ZIP		
STREET ADDRESS	40 BERMUDA LAKE DR			11000000222288 02/09/05-80068-015 141.25	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33418		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(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: CHARLES GEILICH 2/3/05 561-775-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE