
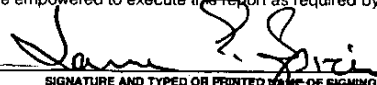


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 11 AM 10:13

<b>DOCUMENT # A26577</b>					
1. Entity Name SPICE-A-LOT, LTD., LLP					
Principal Place of Business 16750 GULF BLVD. #311 NORTH REDINGTON BEACH, FL 33708			Mailing Address P. O. BOX 86024 MADEIRA BEACH, FL 33708		
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 02042005 Chg-LP CR2E003 (10/03) 59-2893833			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			7. Name and Address of New Registered Agent		
SPICER, JAMES E 16104 GULF BOULEVARD #311 REDINGTON BEACH, FL 33708			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. \$44,625.00		10. Amount of Capital Contributions in FLORIDA to date. 44,625.00		401.13	
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 #	NAME		STREET ADDRESS		
NAME	SPICER, JAMES E		CITY - ST - ZIP		
STREET ADDRESS	16750 GULF BLVD. # 311				
CITY - ST - ZIP	NORTH REDINGTON BEACH, FL 33708				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SPICER, SHIRLEY J		CITY - ST - ZIP		
STREET ADDRESS	16750 GULF BLVD. # 311				
CITY - ST - ZIP	NORTH REDINGTON BEACH, FL 33708				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY - ST - ZIP		
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: 			3/2/05 727-393-9123		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
JAMES E. SPICER, PARTNER					

STAPLE CHECK HERE