2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

		DIVISION OF CORPORATIONS 05 JUL -6 AM 9: 20
Principal Place of Business 941 NORTH LIBERTY ST. JACKSONVILLE, FL 32206 Principal Place of Business Mailing Address P.O. BOX 40126 JACKSONVILLE, FL	32203	
Principal Place of Business Address		A 1 I I I I I I I I I I I I I I I I I I
Suite, Apt. #, etc. Suite, Apt. #, etc.		06102005 Chg-LP CR2E003 (10/03)
City & State City & State		4. FEI Number Applied For 59-2890334 Not Applicable
Zip Country Zip	Country	5. Certificate of Status Desired - \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name		
HARRIS, ROBERT L SR. 941 NORTH LIBERTY ST.		ss (P.O. Box Number is Not Acceptable)
JACKSONVILLE, FL 32206		
	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		
Signature, typed or printed name of registared agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions In accordance with s. 607.193(2)(b), F.S.,		
as Shown on record. \$338,260.00 in FLORIDA		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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 / K09816		
NAME HARRIS GROUP, INC.	STREET ADDRESS	
STREET ADDRESS 941 N. LIBERTY ST. CITY-ST-ZIP JACKSONVILLE, FL 32206	CITY-ST-ZIP	
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	-
DOCUMENT # NAME	STREET ADDRESS	000057650940 07/19/0501016003 **535,00
STREET ADDRESS: CITY-ST-ZIP	CITY-ST-ZIP	0 (7 10) 00 - 01010 - 003 - ***
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STREET ADDRESS CITY-ST-ZIP	CITY+ST+ZiP	
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	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), Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and that mysignature 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:		
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING GENERAL PARTNER Date Dayline Proces ROBERT L. HARRIS, SR.		