


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A27146</b>					
1. Entity Name <b>HARBOUR SQUARE ASSOCIATES LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714</b>		
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 <b>05-0441441</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FILDES, RICHARD J ESQ. % LOWNDES, DROSDICK, DOSTER, KANTOR ET AL 215 N. EOLA DRIVE ORLANDO, FL 32801</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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. <b>\$490.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>G48246</b>		STREET ADDRESS		
NAME	<b>PICERNE DEVELOPMENT CORPORATION OF FLORIDA</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>247 N. WESTMONTE DR.</b>				
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>				
DOCUMENT #			STREET ADDRESS		
NAME	<b>PICERNE, ROBERT M</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>247 N. WESTMONTE DR.</b>				
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>				
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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)(f), 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.					
<b>PICERNE DEVELOPMENT CORPORATION OF FLORIDA, A FLORIDA CORPORATION</b>					
SIGNATURE: BY: <u>Robert M. Picerne</u> <b>Treasurer</b> <u>4/26/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	Day/Time Phone #
<b>ROBERT M. PICERNE, PRESIDENT</b>					



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