


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 9:20

DOCUMENT # A27763					
1. Entity Name SUTTON INVESTMENTS, LTD. LLP					
Principal Place of Business 7660 GRANVILLE DR. TAMARAC, FL 33321			Mailing Address 7660 GRANVILLE DR. TAMARAC, FL 33321		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01042005 Chg-LP CR2E003 (10/03) 4. FEI Number 65-0084567 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		
SUTTON, ALBERT A 7660 GRANVILLE DR. TAMARAC, FL 33321			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. \$667,965.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	G00061900166		STREET ADDRESS		
NAME	ALBERT A. SUTTON, REVOCABLE TRUST		CITY-ST-ZIP		
STREET ADDRESS	7660 GRANVILLE DR.				
CITY-ST-ZIP	TAMARAC, FL 33321				
DOCUMENT #	G00061900167		STREET ADDRESS		
NAME	LORRAINE P. SUTTON, REVOCABLE TRUST		CITY-ST-ZIP		
STREET ADDRESS	7660 GRANVILLE DR.				
CITY-ST-ZIP	TAMARAC, FL 33321				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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			300046007453 02/04/05--01009--007 **526.25		
SIGNATURE: <i>Lorraine Sutton G.P.</i>			Date: <i>2/1/05</i> Daytime Phone # <i>954 721-2022</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE