



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

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27817</b> 1. Entity Name <b>GARRETT INVESTMENTS, LTD.</b>					
Principal Place of Business <b>4512 HUDSON LANE          TAMPA, FL 33624</b>			Mailing Address <b>%TERRENCE F. PYLE, P.A.          P.O. BOX 5869          SUN CITY CENTER, FL 33571</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01032005    Chg-LP    CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-2926183</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PYLE, TERRACE F.          707 DEL WEBB BLVD.          SUN CITY CENTER, FL 33573</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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>\$980,000.00</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.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>GARRETT, NORMA C.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>4512 HUDSON LANE</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>GUZZO, REBA D.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>4512 HUDSON LANE</b>				
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>				
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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.					
<b>SIGNATURE: <i>Norma C. Garrett</i> - Norma C. GARRETT 1-18-05 (813) 969-0251</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #</small>					

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