


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

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A28479					
1. Entity Name LABELLE COMMONS, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2950805	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., #115 COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent		
			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. \$253,880.00		10. Amount of Capital Contributions in FLORIDA to date. 253,880.00			
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		
	DEHARDER, ROBERT				
	STREET ADDRESS		CITY - ST - ZIP		
	5505 N. ATLANTIC AVE., #115				
	CITY - ST - ZIP				
	COCOA BEACH, FL 32931				
DOCUMENT #	NAME		STREET ADDRESS		
	MCPHILLIPS, FRANCIS				
	STREET ADDRESS		CITY - ST - ZIP		
	5505 N. ATLANTIC AVE., #115				
	CITY - ST - ZIP				
	COCOA BEACH, FL 32931				
DOCUMENT #	NAME		STREET ADDRESS		
	FRAZIER, JOHN				
	STREET ADDRESS		CITY - ST - ZIP		
	5505 N. ATLANTIC AVE., #115				
	CITY - ST - ZIP				
	COCOA BEACH, FL 32931				
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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)(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					
SIGNATURE: <u>Michael McPhillips, POA</u> Michael McPhillips 2/15/05 321-799-4000					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

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02/19/05-80017-011 535.00