


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A28650 1. Entity Name TREASURE COAST REALTY INVESTORS, LTD.					
Principal Place of Business 411 NORTH U.S. 1 FORT PIERCE, FL 34950			Mailing Address 411 NORTH U.S. 1 FORT PIERCE, FL 34950		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 65-0123349			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURPHY, HOYT C JR. 411 NORTH U.S. 1 FT. PIERCE, FL 34950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$455,545.00		10. Amount of Capital Contributions in FLORIDA to date. 0			
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		
NAME	MURPHY, HOYT C JR.		CITY-ST-ZIP		
STREET ADDRESS	411 NORTH U.S. 1				
CITY-ST-ZIP	FT. PIERCE, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	184847 HOYT C. MURPHY, INC. REALTORS		CITY-ST-ZIP		
STREET ADDRESS	411 NORTH U.S. 1				
CITY-ST-ZIP	FT PIERCE, FL				
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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)(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					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/29/05 <small>Date</small>		772-460-2085 <small>Daytime Phone #</small>



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