


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A29095
 1. Entity Name
 MANASARA ASSOCIATES LIMITED



Principal Place of Business
 1131 NORTH LAKE SHORE DRIVE
 SARASOTA, FL 34231


Mailing Address
 1131 NORTH LAKE SHORE DRIVE
 SARASOTA, FL 34231

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country



01122005 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0157031

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABA, RICHARD D.
 1390 MAIN STREET
 SUITE 824
 SARASOTA, FL 34236

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$395,600.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	FIERS, CARLISLE W., JR. 1131 NORTH LAKE SHORE DR SARASOTA, FL	STREET ADDRESS CITY - ST - ZIP	1100000185289 01/21/05-80008-025 526 25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M90343 MANASARA CORP. 1390 MAIN ST., STE. 824 SARASOTA, FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: CARLISLE W. FIERS, JR. GENERAL PARTNER 1/12/05 941-921-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER