



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A29686</b> 1. Entity Name <b>PRUSAN/SELTZER PARTNERS LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>3507 OAKS WAY, APT. 204 POMPAÑO BEACH FL 33069</b>	Mailing Address <b>3507 OAKS WAY, APT. 204 POMPAÑO BEACH FL 33069</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**05 MAR 28 AM 9:56**



1ST MOORE CR2E003 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>PRUSAN, MILTON 3507 OAKS WAY, APT. 204 POMPAÑO BEACH FL 33069</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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.		<b>11. FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____	
9. Capital Contributions as Shown on record. <b>\$20.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>920-</b>	

**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 #	PRUSAN, MILTON	STREET ADDRESS	<b>900049886079</b> <b>04/05/05--01012--003 **141.25</b>
NAME	3507 OAKS WAY, APT. 204	CITY-ST-ZIP	
STREET ADDRESS	POMPAÑO BEACH FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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)(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:</b> <u>Milton Prusan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>MILTON PRUSAN</b>	<b>(954) 975-6917</b> <b>3-23-05</b>	<small>Date</small> <small>Daytime Phone #</small>