

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A30337					
1. Entity Name OSPREY PARTNERS, L.P., LTD.					
Principal Place of Business 400 PALMETTO AVE. OSPREY, FL 34229			Mailing Address 400 PALMETTO AVE. OSPREY, FL 34229		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0169391	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATSON, J. RICHARD 400 PALMETTO AVE. OSPREY, FL 34229				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. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
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	MATSON, J. RICHARD		CITY-ST-ZIP	UN0000368227	
STREET ADDRESS	400 PALMETTO AVE.			05/24/05-80013-012 141.25	
CITY-ST-ZIP	OSPREY, FL				
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STREET ADDRESS					
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					
SIGNATURE: <u>J. RICHARD MATSON</u>			5/10/05 941 966 7042		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE