



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

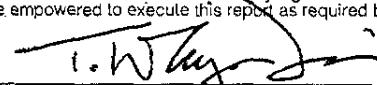
FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A30807 1. Entity Name SAN MARCO LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 47876 JACKSONVILLE, FL 32247			Mailing Address P.O. BOX 47876 JACKSONVILLE, FL 32247		
2. Principal Place of Business Suite, Apt. # etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			
04152005 Chg-LP CR2E003 (10/03)				4. FEI Number 59-3046974	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, T W 1910 SAN MARCO BLVD JACKSONVILLE, FL 32207			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. \$225,099.00		10. Amount of Capital Contributions in FLORIDA to date. 225,099.00			
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 #	S09664		STREET ADDRESS		
NAME	REDWING LAND COMPANY		CITY-ST-ZIP		
STREET ADDRESS	2002 SAN MARCO BLVD., SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(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: 

4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #