


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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

DOCUMENT # A32319					
1. Entity Name RAVENWOOD OF KISSIMMEE, LTD.					
Principal Place of Business 20721 SW 46TH AVE NEWBERRY, FL 32669			Mailing Address 20721 SW 46TH AVE. NEWBERRY, FL 32669		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY, FL 32669				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. \$5,752,249.00			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 #	DAVIS, NORITA V		STREET ADDRESS		
NAME	20721 SW 46TH AVENUE		CITY-ST-ZIP		
STREET ADDRESS	NEWBERRY, FL 32669		STREET ADDRESS	UNINDENTED	
CITY-ST-ZIP			CITY-ST-ZIP	01/21/05-80005-009 535.00	
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Norita V. Davis</i>			1/10/05 (352) 472-3952		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		
Norita V. Davis, General Partner					



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3143824 Applied For Not Applicable

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

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