


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -8 AM 8:41

DOCUMENT # A32924
1. Entity Name
MINORCA HOLDINGS, LTD.



Principal Place of Business Mailing Address
**1608 S.E. SHELburnIE WAY
PORT ST. LUCIE FL 34952** **1608 S.E. SHELburnIE WAY
PORT ST. LUCIE FL 34952**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

[Handwritten initials]



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**KRAMER, ROBERT M.
KRAMER & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021**

4. FEI Number Applied For
65-0328112 Not Applicable

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

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$9,900.00 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	
DOCUMENT #	
NAME	WARSAGER, JACK
STREET ADDRESS	1608 SE SHELburnIE WAY
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700048447037
CITY-ST-ZIP	03/15/05--01066--025 **158.05
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)(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: *[Signature]* **Jack Warsager** 2/28/05 954-325-2686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #