


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

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A92000000048</b> 1. Entity Name <b>SMUGGLERS COVE PARTNERS, LTD.</b>					
Principal Place of Business <b>5505 N. ATLANTIC AVENUE, SUITE 115</b> <b>COCOA BEACH, FL 32931</b>			Mailing Address <b>5505 N. ATLANTIC AVENUE, SUITE 115</b> <b>COCOA BEACH, FL 32931</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01212005 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-3151113</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MCPHILLIPS, JACQUELINE</b> <b>5505 N. ATLANTIC AVENUE, SUITE 115</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$2,521,959.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>2,521,959.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V24984		STREET ADDRESS		
NAME	HERITAGE PARTNERS GROUP, INC		CITY - ST - ZIP		
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115				
CITY - ST - ZIP	COCOA BEACH, FL 32931				
DOCUMENT #	N46775		STREET ADDRESS		
NAME	AFFORDABLE HOUSING SOLUTIONS FOR FL., INC.		CITY - ST - ZIP		
STREET ADDRESS	2730 S.W. 3RD AVENUE, SUITE 202				
CITY - ST - ZIP	MIAMI, FL 33129				
DOCUMENT #	N98000000959		STREET ADDRESS		
NAME	NATIONAL DEVELOPMENT FOUNDATION, INC.		CITY - ST - ZIP		
STREET ADDRESS	4250 ALAFAYA TRAIL #212-330				
CITY - ST - ZIP	OVIDO, IL 327659424				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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)(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: <i>James Kincaid</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <i>3/16/05</i>		Daytime Phone #: <i>321-792-4090</i>

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