


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

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000360	
1. Entity Name EISENMANN TAMPA LIMITED PARTNERSHIP	

Principal Place of Business 300 EAST LONG LAKE ROAD, SUITE 365 BLOOMFIELD HILLS MI 48304	Mailing Address 300 EAST LONG LAKE ROAD, SUITE 365 BLOOMFIELD HILLS MI 48304
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 38-3106437	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR. 400 CLEVELAND STREET, SUITE 800 CLEARWATER FL 34615	
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.	\$5,630,210.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F93000001784	STREET ADDRESS	
NAME	EISENMANN PROPERTIES, INC.	CITY- ST- ZIP	
STREET ADDRESS	300 EAST LONG LAKE ROAD, SUITE 365		
CITY- ST- ZIP	BLOOMFIELD HILLS MI 48304		
DOCUMENT #		STREET ADDRESS	000000186698
NAME		CITY- ST- ZIP	01/26/05-80081-007 526.25
STREET ADDRESS			
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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)(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: *By: [Signature]* Vice President of Eisenmann Properties, Inc. 1-18-2005 (248) 645-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE