


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000426 1. Entity Name MANATEE POND, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931			Mailing Address 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3176352	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Chg-LP CR2E003 (10/03)			
6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931				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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$2,040,100.00			10. Amount of Capital Contributions in FLORIDA to date \$2,040,100.00		
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 # P93000075715 NAME HERITAGE PARTNERS GROUP VIII, INC. STREET ADDRESS 5505 N. ATLANTIC AVE., STE. 115 CITY-ST-ZIP COCOA BEACH, FL 32931			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # N16583 NAME MEMPHIS AREA COMMUNITY DEVELOPMENT CORP IN STREET ADDRESS 5404 FIRST ST., SUITE 210 CITY-ST-ZIP BRADENTON, FL 34205			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS 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: <u>James K. Kinnard</u> <u>James Kinnard</u> <u>3/19/05</u> <u>321-799-4690</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE