



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

DOCUMENT # A93000000749 1. Entity Name RAYSAL LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR -8 AM 8:23	
Principal Place of Business 405 SEVENTH ST., S.E. JASPER FL 32052				Mailing Address POST OFFICE BOX 232 JASPER FL 32052			
2. Principal Place of Business			3. Mailing Address			 1ST MOORE CR2E003 (10/04)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country				
4. FEI Number 59-3197958				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CAMP, JOHN C 405 SEVENTH ST., S.E. JASPER FL 32052				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State 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. \$1,500,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.							
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 #	NAME			STREET ADDRESS			
NAME	CAMP, JOHN C			CITY-ST-ZIP			
STREET ADDRESS	405 SEVENTH ST., S.E.						
CITY-ST-ZIP	JASPER FL 32052						
DOCUMENT #	NAME			STREET ADDRESS			
NAME	CAMP, ERCAL A			CITY-ST-ZIP			
STREET ADDRESS	405 SEVENTH ST., S.E.						
CITY-ST-ZIP	JASPER FL 32052						
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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)(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: <u>John C. Camp</u>				Date <u>3/2/05</u> Daytime Phone # <u>386-792-2951</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER							

STAPLE CHECK HERE