


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000841	
1. Entity Name WINTMART LIMITED PARTNERSHIP	

Principal Place of Business C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016	Mailing Address C/O DELTA EQUITIES 275 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10016
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3720347	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHEU, WILLIAM 200 WEST FORSYTH STREET JACKSONVILLE, FL 32202	
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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
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9. Capital Contributions as Shown on record. \$1,500,000.00	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 #	P93000011184	STREET ADDRESS	
NAME	WINTMART REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	275 MADISON AVENUE, 30TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10016		
DOCUMENT #		STREET ADDRESS	000000185348
NAME		CITY-ST-ZIP	01/21/05-80011-025 526.25
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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: <i>Elliot Forgas</i>	<i>see 1/21/05</i>	<i>212 490 0050</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE