


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

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000141 1. Entity Name CAYO HUESO COTTAGES LIMITED PARTNERSHIP					
Principal Place of Business 1205 CALAIS LANE KEY WEST FL 33040			Mailing Address 1205 CALAIS LANE KEY WEST FL 33040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0407533				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENAVIDES, JAIME M 1205 CALAIS LANE KEY WEST FL 33040			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$195,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	BENAVIDES, JAIME M		CITY - ST - ZIP		
STREET ADDRESS	1205 CALAIS LANE		CITY - ST - ZIP		
CITY - ST - ZIP	KEY WEST FL 33040		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BENAVIDES, NELA J		CITY - ST - ZIP		
STREET ADDRESS	702 CATHERINE STREET		CITY - ST - ZIP		
CITY - ST - ZIP	KEY WEST FL 33040		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HARDY, WILLIAM M.D.		CITY - ST - ZIP		
STREET ADDRESS	263 FAIRWAY LANE		CITY - ST - ZIP		
CITY - ST - ZIP	ONEIDA TN 37841		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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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: _____			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Pres		
			Date 2/22/05 Daytime Phone # 305 294-5913		



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

03/18/05-80001-019 526.25

STAPLE CHECK HERE