



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A94000000689</b> 1. Entity Name <b>R &amp; M STEVES, LTD.</b>					
Principal Place of Business <b>5905 LUCINA CT          FT MYERS, FL 33908</b>		Mailing Address <b>390 N. ORANGE AVE., SUITE 700          ORLANDO, FL 32801</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01122005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-3307351</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STEVES, RICHARD          5905 LUCINA CT          FT MYERS, FL 33908-6142</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 date if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>237,000.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	N/A		STREET ADDRESS		
NAME	RICHARD W. STEVES REVOCABLE TRUST		CITY - ST - ZIP		
STREET ADDRESS	390 N ORANGE AVE., SUITE 700		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32801		CITY - ST - ZIP		
DOCUMENT #			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)(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: <b>By: Rebecca M. Dice AUP</b> <b>REBECCA M. DICE</b>			<b>1/14/05 407-244-7063</b> Date Daytime Phone #		

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