



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

**FILED  
Feb 28, 2005 08:00 A  
Secretary of State**

DOCUMENT # A94000001064							
1. Entity Name ESTEIN & ASSOCIATES USA, LTD.							
Principal Place of Business 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			Mailing Address 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819				
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 59-3258143			
				Applied For 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				
ESTEIN, LOTHAR 5211 INTERNATIONAL DRIVE ORLANDO, FL 32819			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$90,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P94000056171		STREET ADDRESS				
NAME	G.P. ESTEIN CORPORATION		CITY - ST - ZIP				
STREET ADDRESS	5211 INTERNATIONAL DRIVE			000000246679			
CITY - ST - ZIP	ORLANDO, FL 32819			02/28/2005-80074-020 535.00			
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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: 		Lothar Estein		2/18/2005 (407) 354-3307			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>			

STAPLE CHECK HERE