


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

<b>DOCUMENT # A94000001155</b>		
1. Entity Name <b>IRELAND FAMILY LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>3232 CALLE LARGO HOLLYWOOD FL 33021</b>	Mailing Address <b>3232 CALLE LARGO HOLLYWOOD FL 33021</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>GLASSER, GENE K C/O ABRAMS/ANTON/ROBBINS/RESNICK/SCHNEIDER 2021 TYLER STREET HOLLYWOOD FL 33022</b>	

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. <b>\$107,800.00</b>	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	<b>IRELAND, CAROL</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3232 CALLE LARGO</b>		<b>000059176870</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>		<b>08/31/05--01032--022 **\$400.00</b>
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			<b>900059176884</b>
CITY-ST-ZIP			<b>08/31/05--01032--023 **\$26.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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:** CAROL IRELAND Carol Ireland 5-11-05 860-563-2877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

05 AUG 22 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/16/05



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0543059</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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STAPLE CHECK HERE