


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A94000001301 1. Entity Name SOUTHRING S.C. COMPANY, LTD.	
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FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business % SOUTHERN MANAGEMENT & DEV, LP 21301 POWERLINE RD., STE. 312 BOCA RATON, FL 33433	Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02252005	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0522489		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON, FL 34205	

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 _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	

9. Capital Contributions as Shown on record. \$200,000.00	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 #	625859	STREET ADDRESS	
NAME	WEST INVESTMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	1733 W. FLETCHER AVE.		
CITY-ST-ZIP	TAMPA, FL 33612		
DOCUMENT #	G66830	STREET ADDRESS	
NAME	NORTAM CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	60 EAST 42ND STREET, 55TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10165		
DOCUMENT #	G66829	STREET ADDRESS	
NAME	TAMNOR CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	60 EAST 42ND STREET, 55TH FLOOR		
CITY-ST-ZIP	NEW YORK, NY 10165		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: _____	3/21/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Daytime Phone #</small>

West Investment Company, General Partner
 State Land Secretary