



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A94000001515 1. Entity Name CLAREMONT ASSOCIATES, L.P.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG -8 AM 10:56	
Principal Place of Business 408 PARTRIDGE CIRCLE SARASOTA FL 34236		Mailing Address PO BOX 3319 SARASOTA FL 34230			
2. Principal Place of Business 3177 Charles MacDonald Dr.		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sarasota, FL		City & State 		07222005 Chg-LP CR2E003 (10/03)	
Zip 34240		Country USA		4. FEI Number 65-0541843	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KILAR, CLARE J 408 PARTRIDGE CIRCLE SARASOTA FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <u><i>Clare J. Kilar</i></u> DATE <u>7/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. \$0.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # P94000082641 NAME SEAHORSE SADDLERY, INC. STREET ADDRESS 408 PARTRIDGE CIRCLE CITY-ST-ZIP SARASOTA, FL 34236			STREET ADDRESS 3177 Charles MacDonald Dr. CITY-ST-ZIP 34240		
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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: <u><i>Clare J. Kilar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			7/22/05		941-377-6233 <small>Daytime Phone #</small>

STAPLE CHECK HERE