
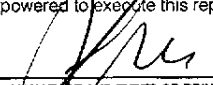


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001638 1. Entity Name DE LA PARTE PARTNERSHIP, LTD.					
Principal Place of Business 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629			Mailing Address 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE LA PARTE, L. DAVID 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629				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. \$5,000,000.00			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 #	DE LA PARTE, HELEN W 3435 BAYSHORE BLVD., #1700 TAMPA, FL 33629		STREET ADDRESS		
NAME			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	DE LA PARTE, L. DAVID 101 E. KENNEDY BLVD., STE. 3400 TAMPA, FL 33602		STREET ADDRESS	U000000368161 05/24/05-80006-003 926.25	
NAME			CITY-ST-ZIP		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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:  L. David de la Parte			Date 5/16/05 Daytime Phone (813) 229-2775		

STAPLE CHECK HERE