


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -4 AM 8:14

DOCUMENT # A94000001868					
1. Entity Name FAIR BLUFF, LTD.					
Principal Place of Business 109 SOUTH RIVER ROAD STUART, FL 34996			Mailing Address 109 SOUTH RIVER ROAD STUART, FL 34996		
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	
PARE, ROBERT H 109 SOUTH RIVER ROAD STUART, FL 34996				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. \$500.00		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.</b> <b>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 #	NAME		STREET ADDRESS		
	PARE, ROBERT H				
STREET ADDRESS	109 SOUTH RIVER ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34996				
DOCUMENT #	NAME		STREET ADDRESS	900050428599	
	PARE, LIBBY E			04/11/05--01082--009 **141.25	
STREET ADDRESS	109 SOUTH RIVER ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34996				
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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: <u>Robert H. Pare</u>			Date: <u>4/11/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Robert H. Pare					

STAPLE CHECK HERE