



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

DOCUMENT # A95000000594	
1. Entity Name PRISM MCKETTRICK I, LTD.	

Principal Place of Business 13256 SW 58TH COURT PINECREST FL 33156	Mailing Address 13256 SW 58TH COURT PINECREST FL 33156
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
05 APR 19 PM 4:05
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SEIF, EVAN D BREIER & SEIF 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$735,000.00	10. Amount of Capital Contributions in FLORIDA to date. -0-	

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 CITY-ST-ZIP	P95000027705 Q ROOST, INC. 3033 NE 207TH TERRACE AVENTURA FL 33180	STREET ADDRESS CITY-ST-ZIP	13256 SW 58th Court Pinecrest FL. 33156
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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:  **4/15/05 (30) 788-8753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE