

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000640 1. Entity Name ALROC REAL ESTATE ASSOCIATES, LTD.					
Principal Place of Business % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607			Mailing Address % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1887851	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESPOSITO, ROCCO JR % OFFICE 4400 S.W. 20TH AVENUE GAINESVILLE, FL 32607				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$5,505,992.00				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 #	P95000020265			STREET ADDRESS	
NAME	SIROCCO, INC.			CITY-ST-ZIP	
STREET ADDRESS	4400 S.W. 20TH AVENUE				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
DOCUMENT #	P95000042818			STREET ADDRESS	U000000366675
NAME	ALAMARKET OF GAINESVILLE, INC.			CITY-ST-ZIP	05/16/05-80002-002-526.25
STREET ADDRESS	4400 SW 20TH AVE.				
CITY-ST-ZIP	GAINESVILLE, FL 32607				
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STREET ADDRESS					
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)(f), 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. Alice Esposito, Secretary (352)					
SIGNATURE: <u>Alice Esposito for Sirocco, Inc.</u>				4-28-05 373-4244	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE