

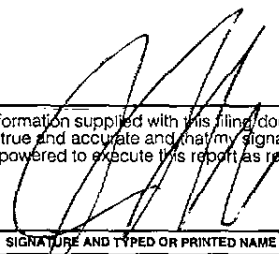


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000733					
1. Entity Name ANCHORS STREET, LTD.					
Principal Place of Business 4652 GULF STARR DR. DESTIN, FL 32541			Mailing Address P.O. BOX 1735 DESTIN, FL 32540		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3319335	
Zip		Zip		Country	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ODOM, JAY A 4652 GULF STARR DR. DESTIN, FL 32541				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. \$1,000.00			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 # M77260	NAME WATERS EDGE BUILDING COMPANY		STREET ADDRESS		
STREET ADDRESS 4652 GULF STARR DR.	CITY-ST-ZIP DESTIN, FL 32541		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS	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)(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					
SIGNATURE: 			JAY A. Odom 2/3/05 850 654 4126		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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