2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

					1		_	
DOCUMENT # A9500000978					FILED			
1. Entity Name LANSCOT DEVELOPMENT AT TOPS'L, LTD.					2005 APR -8 PH 2: 22			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					TAL	LAHASSEF	. FLORIDA	A
				20	IAL	LMIIMOOLL	–	
850 RIDGE LAKE BLVD., SUITE 220 850 RIDGE LAKE BLVD., MEMPHIS, TN 38120 MEMPHIS, TN 38120			., SUILE 2	20				
	lace of Business RIDGE LAKE BLVD	3. Mailing Address 950 RIDGE LAKE BLVD						
Suite, Apt. #, etc. Suife 220		Suite, Apt. #, etc. <b>SUITE</b> ZZO		03122005	Chg-LP	CR2E003	(10/03)	
City & State		City & State		4. FEI Number			Applied For	
MEMPHIS TN		MEMPHIS, TN			62-16085	595		Not Applicable
Zip 381	20 Country	38120	Country		5. Certificate of	Status Desired		. <b>75</b> Additional Required
	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and A	ddress of New R	egistered Agei	nt
				Name		•		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
			-	City FL Zip Code				
The above named entity submits this statement for the purpose of changing its registered office.					ed agent, or both,	in the State of Flo		liar with, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$700,000.00 10. Amount of Capital Cin FLORIDA to date				itions				
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	13.	ADDRESS CHANGES ONLY					
DOCUMENT # NAME	P95000050586 LANSCOT, INC. 850 RIDGE LAKE BLVD., SUITE 220			ADDRESS				•
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	-		_	_ · <del></del>
DOCUMENT #	MEMPHIS, TN 38120		STREET	ADDRESS	<del>z</del> _			
NAME STREET ADDRESS	DDRESS			ļ	500054029665			
CITY-ST-ZIP				<sup>N-S1-ZIP</sup> 05√06/0501107020 **526.25				526.25
DOCUMENT # NAME				ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	5T-2(P				
DOCUMENT # NAME	ENT #			ADDRESS				
STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,			FTY-ST-ZIP				
DOCUMENT #			STREET	ADDRESS			. 10 10	
NAME STREET ADDRESS			CITY-S	:T-ZIP				
CITY-ST-ZIP								
DDCUMENT # ** NAME*			STREET	ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			CITY-S	1-202				

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING CENTRAL PARTNER

OR PRINTED NAME OF SIGNING GENERAL PARTNER