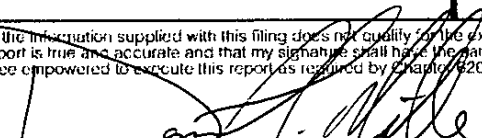


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 11:38

DOCUMENT # A95000001716				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name CIRCLE INVESTMENTS, LTD.		05 MAR -7 AM 11:38			
Principal Place of Business 107-A BREEZY POINT LANE CRESCENT CITY, FL 32112		Mailing Address P.O. BOX 535 CRESCENT CITY, FL 32112			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3346803	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, DANIEL L 1400 SUNSET DRIVE WINTER PARK, FL 32789				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 _____					
9. Capital Contributions as Shown on record. \$3,575,000.00					
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 #	P95000079567		STREET ADDRESS		
NAME	CIRCLE MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 535				
CITY-ST-ZIP	CRESCENT CITY, FL 32112				
DOCUMENT #			STREET ADDRESS	400048399874	
NAME			CITY-ST-ZIP	03/15/05 01011 003 **535.00	
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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)(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:  02/12/05 386-698-1062					