


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR -7 PM 2: 20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001849  
 1. Entity Name  
 ARBUTINE ASSOCIATES LIMITED



Principal Place of Business  
 1350 WEST BAY DR  
 BELLEAIR BLUFFS, FL 33770

Mailing Address  
 784 CORTEZ AVE.  
 BELLEAIR BLUFFS, FL 33770

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



02092005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  
 ARBUTINE, PATRICIA L  
 784 CORTEZ AVE  
 BELLEAIR BLUFFS, FL 33770

4. FEI Number  
 59-3351118

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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 Patricia L. Arbutine DATE

9. Capital Contributions as Shown on record. \$99.00

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

DOCUMENT #	ARBUTINE, MILLER B TRUSTEE
NAME	784 CORTEZ AVE
STREET ADDRESS	BELLEAIR BLUFFS, FL 33770
CITY-ST-ZIP	
DOCUMENT #	ARBUTINE, PATRICIA L TRUSTEE
NAME	784 CORTEZ AVE
STREET ADDRESS	BELLEAIR BLUFFS, FL 33770
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	SA 70.63
CITY-ST-ZIP	
STREET ADDRESS	BC 70.62
CITY-ST-ZIP	
STREET ADDRESS	pay to Divisions of Corporations
CITY-ST-ZIP	
STREET ADDRESS	300055198943
CITY-ST-ZIP	05/24/05--01073--008 **70.63
STREET ADDRESS	300055198943
CITY-ST-ZIP	05/24/05--01073--009 **70.62

STAPLE CHECK HERE

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: Patricia L. Arbutine Date 4/5/2005 Daytime Phone # 727-581-6827