

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -8 AM 11:15

DOCUMENT # A95000002052

1. Entity Name
SERENITY GARDENS CAPITAL, LTD.



Principal Place of Business
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, FL 33401-6194**

Mailing Address
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, FL 33401-6194**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01242005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0628152

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HANLEY, DANIEL A
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH, FL 33401-6194**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000.00**

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 #	P95000097137	STREET ADDRESS	
NAME	PROSPERITY GARDENS, INC.	CITY-ST-ZIP	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 500 EAST		
CITY-ST-ZIP	WEST PALM BEACH, FL 334016194		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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]* **1/25/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE