
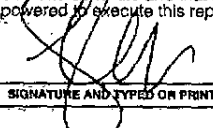


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000002091</b> 1. Entity Name <b>SANMARTIN PLUS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>9123 N. MILITARY TR., SUITE 200          PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>9123 N. MILITARY TR., SUITE 200          PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3428311</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BRAICH, FLORIAN          9123 N. MILITARY TR., SUITE 200          PALM BEACH GARDENS, FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$5,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	9123 N. MILITARY TR., SUITE 200		CITY-ST-ZIP		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS	9123 N. MILITARY TR., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
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STREET ADDRESS			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)(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.					
<b>SIGNATURE:</b>  <b>F. Braich</b>			4/20/05 561.627.2399		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



04282005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3428311**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

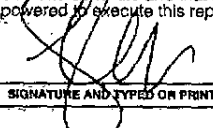
9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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**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 #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
	BRAICH, FLORIAN	9123 N. MILITARY TR., SUITE 200			
		PALM BEACH GARDENS, FL 33410			
DOCUMENT #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
	BRAICH, ANGELA	9123 N. MILITARY TR., SUITE 200			
		PALM BEACH GARDENS, FL 33410			
DOCUMENT #	NAME	STREET ADDRESS	DOCUMENT #	NAME	STREET ADDRESS
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**SIGNATURE:**  **F. Braich** 4/20/05 561.627.2399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER