



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 MAY -3 PM 2: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000020			
1. Entity Name ALPHA TRUST, LTD.			
Principal Place of Business 7280 WEST PALMETTO PARK ROAD, SUITE 306-N BOCA RATON, FL 33433		Mailing Address 7280 WEST PALMETTO PARK ROAD, SUITE 306-N BOCA RATON, FL 33433	
2. Principal Place of Business 290 S.W. 12 Avenue		3. Mailing Address 290 S.W. 12 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442	Country USA	Zip 33442	Country USA
4. FEI Number 59-2610304		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAVER PROPERTIES, INC. 7280 W. PALMETTO PARK ROAD SUITE 306N BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 290 S.W. 12 Avenue City Deerfield Beach FL Zip Code 33442	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$4,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,297,601.00	
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 # P96000013800	NAME KASSIS HOLDINGS, INC.	STREET ADDRESS 290 S.W. 12 Avenue	05/27/05--01004--012 **526.25
NAME STREET ADDRESS	7280 WEST PALMETTO PARK ROAD, SUITE 306-N	CITY-ST-ZIP Deerfield Beach, FL 33442	
CITY-ST-ZIP BOCA RATON, FL 33433			
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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: 		Peter Sabga	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #
		04/29/2005	(954)425-0295

STAPLE CHECK HERE