


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000180 1. Entity Name SRG/TREASURE I LIMITED PARTNERSHIP	
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Principal Place of Business 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410	Mailing Address 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0639298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETER D. CUMMINGS & ASSOCIATES, INC. 3399 PGA BLVD., SUITE 450 PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$800,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0

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 #	L96000000115	STREET ADDRESS	
NAME	SRG/TREASURE I GP L.C.	CITY-ST-ZIP	
STREET ADDRESS	3399 PGA BLVD., SUITE 450		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
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: BY: DAVID A. DEAN, VICE PRESIDENT <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4-5 05 <small>Date</small>	(561) 630-6110 <small>Daytime Phone #</small>
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STAPLE CHECK HERE