2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	Principal Place 1645 S.E. 3R SUITE 200	BUTTONWOOD PLAZA, LTD. Principal Place of Business Mailing Address 1645 S.E. 3RD COURT 1645 S.E. 3RD COURT						2005 APR 27 PM 4: 50 DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA				
	2. Principal Pl				3. Mailing Address							
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.		02022005	Chg-LP	CR2E00	3 (10/03)		
	City & State	e		7	City & State			4. FEI Number 65-06429	903			lied For Applicable
-	Zip	Country			Zip	Coun	itry	5. Certificate of			88.75 Addit	
-	6. Name and Address of Current Registered Agent						Name	7. Name and A	ddress of New R	legistered A	gent	
	GEISERMAN, ROBERT M 1645 S.E. 3RD COURT SUITE 2010 DEFACH FL 23444						Street Address (P.O. Box Number is Not Acceptable)					
	DEERFIELD BEACH, FL 33441						City			FL	Zip Code	
-	8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent.							ed agent, or both,	in the State of Flo	orida. I am fa	amilíar with, a	nd accept
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.											
	9. Capital Contributions as Shown on record. \$20,000.00 10. Amount of Capital C in FLORIDA to date.						butions					
	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 CH			***************************************
ļ	DOCUMENT # NAME STREET ADDRESS	G.P. BUTTONWOOD, INC.					EET ADDRESS					
	CITY-ST-ZIP	10 10 012 013 000111 012 200					-ST-ZIP					
	DOCUMENT / NAME						STREET ADDRESS 80005422018 85/10/05 01074 009 **228.75					
	STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP					* 10
ļ	DOCUMENT # NAME					STRI	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP					
	DOCUMENT # NAME					STRI	EET ADDRESS					
HERE	STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP					
CHECK	DOCUMENT # NAME STREET ADDRESS					STRI	EET ADDRESS					
	CITY-ST-ZIP	CITY-ST-ZIP					'-ST-ZIP					
STAPLE	DOCUMENT / NAME					STRI	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP						'-ST-ZIP					
		14. I hereby certify that the information supplied with this filling 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: A 22.05 954.420.1001										
l	SIGNAT	URE:	/_///		14	שנונ	404X	1 Mar	4.66.	<u> </u>	24.7 2	<u>0.1001</u>