2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A96000000616 1. Entity Name					
THEATRE ASSOCIATES,	, LTD.) 	MAY -2 P 4: 19	
Principal Place of Business	Mailing Address	NO NETTE	_		
240 S. PINEAPPLE AVE., 10TH FLO SARASOTA, FL 34236	-	183	TALLA	STARY OF SUCT MASSER/FLT UTA	
2. Principal Place of Business	3. Mailing Address 1991 Main Str	reet			
Suite, Apt. #, etc. Suite, Apt. #, etc. Box 183			02232005 Chg-LP	CR2E003 (10/03)	
City & State	City & State Sarasota, FL		4. FEI Number 65-0661821	Applied For Not Applicab	
Zip Country		Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Addr	ress of Current Registered Agent		7. Name and Address of New	Fee Required Registered Agent	
BAND, STEVEN C EXECUTIVE PROPERTY MANAGEMENT 1991 MAIN STREET #183 SARASOTA, FL 34236		Name]	Name Band, Steven C.		
		Street Address (P.O. Box Number is Not Acceptable) 1991 Main Street			
			Box 183		
			Sarasota	FL Zip Code 34230	
 The above named entity submits the obligations of registered agent 	this statement for the purpose of changing its	registered office or registe	ered agent, or both, in the State of	Florida. I am tamiliar with, and accep	
SIGNATURE	Steven C. Ba	and		4/17/15	
9. Capital Contributions	10. Amount of Capita	at Contributions		DATE	
as Shown on record. \$8,000	0,000.00 in FLORIDA to de				
A GENERAL NOTE: Genera	L PARTNER THAT IS A BUSINESS EN I Partners MAY NOT be changed on th	TITY MUST BE REGIS	STERED AND ACTIVE WITH T	HIS OFFICE. general partner.	
12. GEN	IERAL PARTNER INFORMATION	13.		HANGES ONLY	
DDCUMENT # P96000008824 NAME BAK, INC.		STREET ADDRESS 19	1991 Main Street, Box 183		
STREET ADDRESS 1991 MAIN STREE CITY-SI-ZIP SARASOTA, FL 34		CITY-ST-ZIP Sa:	rasota, FL 34236		
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS CITY-SI-ZIP		CITY-ST-ZIP		100 to 10	
DOCUMENT #		STREET ADDRESS			
STREET ADDRESS		CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000055 05/24/050106	196020 6019 **526.25	
NAME STREET ADDRESS GIY-ST-ZIP		CITY-\$1-ZIP			
DOCUMENT # NAME		STREET ADDRESS			
STHEET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		¥******	
DOCUMENT # NAME		STREET ADDRESS			
STREET ADDRESS					
CITY-ST-ZIP		CHY-ST-ZIP			
14. I hereby certify that the information fundicated on this report is true an	on supplied with this filing does not quality for a accurate and that my signature shall have to execute this report as required by Chapi	the exemption stated in S the same legal effect as if	made under oath; that I am a Gene	s. I further certify that the information eral Partner of the limited partnership	