


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

<b>DOCUMENT # A96000000689</b> 1. Entity Name <b>ROMDAK ASSOCIATES, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:14

Principal Place of Business <b>4197 PINE CONE LANE BOYTON BEACH FL 33436</b>	Mailing Address <b>P.O. BOX 244103 BOYTON BEACH FL 33424</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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98



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0657285</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WEIMER, ROLF ERNST 315 FAIRWAY COURT ATLANTIS FL 33462</b>	7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>4197 PINE CONE LANE</b> City <b>BOYNTON BEACH</b> FL Zip Code <b>33436</b>
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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 *Rolf Ernst Weimer* GEN PART. (ROLF E. WEIMER) 2/20/05  
Signature, typed or printed name of registered agent and title if applicable DATE

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. <b>\$400.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>WEIMER, ROLF ERNST</b>	<b>4197 PINE CONE LANE</b>	<b>BOYNTON BEACH FL 33436</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>WEIMER, DORIS E</b>	<b>4197 PINE CONE LANE</b>	<b>BOYNTON BEACH FL 33436</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SETCHELL, ANN S</b>	<b>4197 PINE CONE LANE</b>	<b>BOYNTON BEACH FL 33436</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300048062353</b>
CITY-ST-ZIP	<b>03/09/05-01052-002 **141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Ann S. Setchell* ANN S. SETCHELL 2-20-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #