



2005 LIMITED PARTNERSHIP
DUE BY MAY 1, 2005

FILED

May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001252 1. Entity Name HIDDEN BAY AT OSPREY, LTD.						FILED May 11, 2005 08:00 AM Secretary of State	
Principal Place of Business 210 HIDDEN BAY DRIVE OSPREY FL 34229				Mailing Address 210 HIDDEN BAY DRIVE OSPREY FL 34229			
2. Principal Place of Business		3. Mailing Address		 1ST MOORE CR2E003 (10/04)			
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-0682104				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				7. Name and Address of New Registered Agent			
NAKAMOTO, KERI 210 HIDDEN BAY DRIVE OSPREY FL 34229				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 <i>Keri Nakamoto</i>				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			
Signature, typed or printed name of registered agent and title if applicable				DATE			
9. Capital Contributions as Shown on record		\$499.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 # P96000042808 NAME STONE OSPREY, INC. STREET ADDRESS 3600 TORREY PINES BLVD. CITY- ST- ZIP SARASOTA FL 34238				STREET ADDRESS CITY- ST- ZIP <div style="text-align: center; padding: 10px;"> UN0000366020 05/11/05-80026-012 141.25 </div>			
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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: *Keri Nakamoto* 4/28/05 941 584 1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE