


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

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000002412		
1. Entity Name GALUTEN LIMITED PARTNERSHIP		

Principal Place of Business 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009	Mailing Address 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0713082		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 WACHS, JEFFREY S 1177 SE THIRD AVE. FT. LAUDERDALE FL 33316		7. Name and Address of New Registered Agent	
		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$1,700,000.00	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 #	GALUTEN, ROBERT 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	GALUTEN, HORTENSE 2030 SOUTH OCEAN DRIVE, NUMBER 414 HALLANDALE FL 33009	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
CITY-ST-ZIP			

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02/09/05-80067-009 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Hortense Galuten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/05 954-454-1081

Date

Daytime Phone #

STAPLE CHECK HERE