


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

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000103</b>			
1. Entity Name <b>1ST FLORIDA ACCEPTANCE LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>PO BOX 15707 WEST PALM BEACH FL 33416</b>		Mailing Address <b>PO BOX 15707 WEST PALM BEACH FL 33416</b>	
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 <b>65-0724460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MERCURIO, JOHN F 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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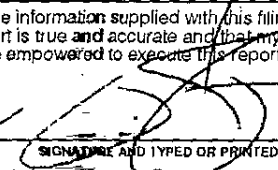
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$180,000.00</b>	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 #		STREET ADDRESS	
NAME	<b>MERCURIO, JOHN F</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1441 N. MILITARY TRAIL</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>		
DOCUMENT #		STREET ADDRESS	
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04/30/05-80044-002 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:**  **GEN/PARTNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/19/05** Daytime Phone #

STAPLE CHECK HERE