



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 AM 10:50

DOCUMENT # A97000000563					
1. Entity Name OBELISK LTD.					
Principal Place of Business 5075 S. ORANGE BLOSSOM TRIAL ORLANDO, FL 32809			Mailing Address 5075 S. ORANGE BLOSSOM TRIAL ORLANDO, FL 32809		
2. Principal Place of Business 1310 S. ORANGE BLVD. TRAIL		3. Mailing Address 1365 WINDSONG RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO, FL		4. FEI Number 59-3496812	
Zip 32805	Country ORANGE	Zip 32809	Country ORANGE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, PAULA 3535 LAWTON RD STE 115 ORLANDO, FL 32803				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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$980.00		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 #	NAME		STREET ADDRESS	1365 WINDSONG RD.	
STREET ADDRESS	URANICK, GERALD W		CITY-ST-ZIP	ORLANDO, FL 32809	
CITY-ST-ZIP	2304 CARIBBEAN COURT ORLANDO, FL 32805		STREET ADDRESS	1365 WINDSONG RD	
DOCUMENT #	NAME		CITY-ST-ZIP	ORLANDO, FL 32809	
STREET ADDRESS	URANICK, CAROL A		STREET ADDRESS	-	
CITY-ST-ZIP	2304 CARIBBEAN COURT ORLANDO, FL 32805		CITY-ST-ZIP	-	
DOCUMENT #	NAME		STREET ADDRESS	-	
STREET ADDRESS	-		CITY-ST-ZIP	-	
CITY-ST-ZIP	-		STREET ADDRESS	300046721733	
DOCUMENT #	NAME		CITY-ST-ZIP	02/17/05--01005--012 **158.75	
STREET ADDRESS	-		STREET ADDRESS	-	
CITY-ST-ZIP	-		CITY-ST-ZIP	-	
DOCUMENT #	NAME		STREET ADDRESS	-	
STREET ADDRESS	-		CITY-ST-ZIP	-	
CITY-ST-ZIP	-		STREET ADDRESS	-	

STAPLE CHECK HERE

SIGNATURE: *Carol A. Uranick, L.P.* **2-4-05 (407) 240-5890**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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