


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # A9700000601	
1. Entity Name REEF WRECK PARTNERS, LTD.	

FILED

2005 MAY -2 P 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1480 WYN COVE DRIVE VERO BEACH, FL 32963	Mailing Address 1480 WYN COVE DRIVE VERO BEACH, FL 32963
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2. Principal Place of Business 1610 N 42 CIR #210 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4076 Suite, Apt. #, etc.
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04282005 Chg-LP CR2E003 (10/03)


City & State Vero Beach FL	City & State Vero Beach FL
Zip 32967	Zip 32963
Country	Country

4. FEI Number 65-0731978	Applied For Not Applicable
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6. Name and Address of Current Registered Agent BEACON COMPANIES OF INDIAN RIVER, INC. 1480 WYN COVE DRIVE VERO BEACH, FL 32963	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1610 N 42nd Cir #210
City	Vero - Beach FL
Zip Code	32967

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 4-29-05
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9. Capital Contributions as Shown on record. \$550,000.00 CK# 1024	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000072969	STREET ADDRESS	1610 N 42nd Cir #210
NAME	BEACON COMPANIES OF INDIAN RIVER, INC.	CITY-ST-ZIP	Vero Beach FL 32967
STREET ADDRESS	1480 WYN COVE DRIVE		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700055196197
NAME		CITY-ST-ZIP	05/24/05--01066--022 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		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: 	DATE 4-29-05
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #