



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 AM 9:57

DOCUMENT # A97000000607 1. Entity Name ALTEN LIMITED PARTNERSHIP					
Principal Place of Business 9447 COVENTRY LAKE COURT WEST PALM BEACH, FL 33411			Mailing Address 9447 COVENTRY LAKE COURT WEST PALM BEACH, FL 33411		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01312005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0735498				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 ALTEN, STEVE 9447 COVENTRY LAKE CT. WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,000,000.00		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 #	P97000020844		STREET ADDRESS		
NAME	MEGALODON, INC.		CITY-ST-ZIP		
STREET ADDRESS	9447 COVENTRY LAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/05
Date

561-798-0844
Daytime Phone #