

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR 21 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A97000000614 1. Entity Name WHITESIDE ENTERPRISES, LTD.					
Principal Place of Business 4853 CONOVER COURT FT. MYERS, FL 33908			Mailing Address 4853 CONOVER COURT FT. MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0735715	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		04022005 Chg-LP CR2E003 (10/03)			
Not Applicable		6. Name and Address of Current Registered Agent			
WHITESIDE, GEORGE 4853 CONOVER COURT FT. MYERS, FL 33908		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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$38,545.14			10. Amount of Capital Contributions in FLORIDA to date. 38545.14		
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		
NAME	WHITESIDE, GEORGE		CITY-ST-ZIP		
STREET ADDRESS	4853 CONOVER COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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 920, Florida Statutes					
SIGNATURE: _____			_____ / G L Whiteside 4/18/05 2399363636		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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