2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # A9700001188 1. Entity Name ORLANDO PROPERTY ASSOCIATES, LTD.					Secre	tary of State
Principal Place of Business 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411 Principal Place of Business P.O. BOX 15065 WEST PALM BEACH, FL				6		
2. Principal Pla	3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162005 Chg-LP	CR2E003 (10/03)
City & State		City & State			4. FEI Number 65-0756347	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New F	legistered Agent
DEFREHN, JOHN				Name		
101 SANSBURY'S WAY WEST PALM BEACH, FL 33411				Street Address (P.O. Box Number is Not Acceptable)		
				City		Zip Code
the obligation	ons of registered agent.		ing its register	red office or registe	ared agent, or both, in the State of Flo	orlda. I am familiar with, and accep
SIGNATURE -	Signature, typed or printed name of registered a	gent and title It applicable.				DATE
	ntributions \$100,000.00	10. Amount of in FLORID.	A to date.			
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINES MAY NOT be changed	S ENTITY M on the forn	MUST BE REGIS n; an amendme	TERED AND ACTIVE WITH TH nt must be filed to change a g	IIS OFFICE. eneral partner.
12.		NER INFORMATION	13.		ADDRESS CH	ANGES ONLY
DOCUMENT# NAME	()			NEET ADDRESS		
STREET ADDRESS City-\$1-zip	DDHESS 101 SANSBURY'S WAY			Y-ST-ZIP		
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NAME STREET ADDRESS CITY-ST-ZIP	*		ŧ	Y-S7-ZIP		
14. I hereby of indicated the receiv	ertify that the information supplied on this report is true and accurate er or trustee empowered to execu VECCLUS RE	with this filing does not que and that my signature shall e this report as required by	alily for the exit have the san Chapter 620.	emption stated in S ne legal effect as if , Florida Statutes	Section 119.07(3)(i), Florida Statutes, made under oath; that I am a Gener	I further certify that the information af Partner of the limited partnership
SIGNAT	URE: Ry:	ED OR PRINTED NAME OF SIGNING	JOHN C.	TAYLOR, TRE	45URER 04/11/05	561-793-2102 Daytime Phone V