


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002080	
1. Entity Name RUSSAKIS RANCH, LTD.	

Principal Place of Business 8801 INDRIO ROAD FT. PIERCE, FL 34951	Mailing Address 8801 INDRIO ROAD FT. PIERCE, FL 34951
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02092005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0793266	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RUSSAKIS, JIM G C/O RUSSAKIS, INC. 8801 INDRIO ROAD FT. PIERCE, FL 34951

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. \$900,000.00	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 #	P97000079600	STREET ADDRESS	
NAME	RUSSAKIS, INC.	CITY - ST - ZIP	
STREET ADDRESS	8801 INDRIO ROAD		
CITY - ST - ZIP	FT. PIERCE, FL 34951		
DOCUMENT #		STREET ADDRESS	1000000294880
NAME		CITY - ST - ZIP	04/09/05 00000-021 525.25
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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)(f), 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: Jim G Russakis 3/31/05 772 465 5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #