2005 LIMITED PARTNERSHIP ANNUAL REFORT Due By May 1, 2005

FILED May 16, 2005 08:00 AN

DOCUMENT # A9700002105 1. Entity Name LONGBOAT KEY EQUITIES, LTD.					Šecretary of State
Principal Place of Business Mailing Address 1800 BEN FRANKLIN DRIVE 1800 BEN FRANKLIN D SUITE B806 SUITE B806 SARASTOA, FL 34236 SARASTOA, FL 34236				·	
2. Principal Place of Business 3. Mailing Address				=	
Suite, Apt. #, etc.		-Suite, Apt_ #, etc.	-Suite, Apt_ #, etc.		03172005 Chg-LP CR2E003 (10/03)
City & State		City & State	City & State		4. FEI Number Applied For 65-0795262 Not Applied be
Zip	Country	Zip	Count	try	5. Certificate of Status Desircd S8.75 Additional Fee Regulred
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registered Agent
FERNANDEZ, MIRIAM S 1800 BEN FRANKLIN DR., STE. B-806 SARASOTA, FL 34236				,	P.O. Box Number is Not Acceptable)
				City	FL Zip Code
	named entity submits this statement ions of registered agent.	nt for the purpose of changing its	s registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -					
9. Capital Co	Signature, typed or printed name of registered on intributions	gent and title if applicable	tal Contrib	outions	DATE
as Shown	on record. \$2,500,000.00	in FLORIDA to d	date	\$ 325,90	
	NOTE: General Partners	MAY NOT be changed on t	he form	ust be REGIST ; an amendmen	FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	P97000082058	NER INFORMATION	13.	Tr spoorter	ADDRESS CHANGES ONLY
NAME STREET ADDRESS	LONGBOAT KEY EQUITIES, INC. ADDRESS 1800 BEN FRANKLIN DRIVE, SUITE 8806		į.	ET ADDRESS	U00000365690
CITY-ST-ZIP	ST-ZIP SARASOTA, FL 34236		CITY-	-ST-ZIP	05/16/05-80002-017 526.25
DOCUMENT # NAME			STRE	et address	•
STREET ADDRESS CITY-ST-ZIP			CITY-	-S1-ZIP	
DOCUMENT #	-	*	STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	
DOGUMENT / NAME		<u> </u>	STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	
DOCUMENT #			STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	
DOCUMENT #		en e	STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	ST-ZIP	
indicated the receiv	on this report is true and accurate	and that my signature shall have a this report as required by Char	the same	mption stated in Se legal effect as if m lorida Statutes	ction 119 07(3)(i). Florida Statutes I further certify that the information nade under oath, that I am a General Partner of the limited partnership o
SIGNAT	URE: MINISTER AND TYPE	Januarily M D OR PRINTED NAME OF BINING GENER	I LIANS	1 S. FERN	HANDEZ OHROLOS Dayine Prone *