


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A97000002107			
1. Entity Name MELODY LANE PARTNERS, LTD.			
Principal Place of Business 350 MELODY LANE CASSELBERRY FL 32707		Mailing Address P.O. BOX 940877 MAITLAND FL 32794-0877	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 APR 18 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$30,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	L28451	STREET ADDRESS	
NAME	SDP INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE		
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #	L79712	STREET ADDRESS	
NAME	SOS REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE		
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

800054290328
05/11/05-01053-010 **298.75

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:  **HOWARD SCHIEFERDECKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/13/05 (407) 702-3131
Date Daytime Phone #

STAPLE CHECK HERE