


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002153		
1. Entity Name PONDEROSA TRETINOIN PARTNERS, LTD.		

Principal Place of Business 13100 PONDEROSA WAY FORT MYERS, FL 33907	Mailing Address 13100 PONDEROSA WAY FORT MYERS, FL 33907
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03312004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0786275	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	
SPEAR, K L 13100 PONDEROSA WAY FORT MYERS, FL 33907	

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. \$500,000.00	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 #	P93000049931	STREET ADDRESS	
NAME	SPEAR PHARMACEUTICALS, INC.	CITY - ST - ZIP	
STREET ADDRESS	13100 PONDEROSA WAY		
CITY - ST - ZIP	FORT MYERS, FL 33907		
DOCUMENT #		STREET ADDRESS	U000000135650
NAME		CITY - ST - ZIP	04/29/04-80001-004 526.25
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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)(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: 	Date: 04/02/04	Daytime Phone #: 239 433-3442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		