


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000002443						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 30 AM 9:32	
1. Entity Name SEA OAKS INVESTMENT GP, LTD.							
Principal Place of Business 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139				Mailing Address 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH, FL 33139			
2. Principal Place of Business 1235 Winding Oaks Circle				3. Mailing Address 1235 Winding Oaks Circle			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Vero Beach FL				City & State Vero Beach FL			
Zip 32963		Country		Zip 32963		Country	
6. Name and Address of Current Registered Agent SUMBERG, JOHN C P.A. 200 SOUTH BISCAYNE BLVD., STE 2500 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name <u>Brion Jacques</u> Street Address (P.O. Box Number is Not Acceptable) 1235 Winding Oaks Circle City <u>Vero Beach</u> <u>FL</u> Zip Code <u>32963</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record \$36,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
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 #	L97000001254			STREET ADDRESS			
NAME	SEA OAKS INVESTMENT GP, L.C.			CITY-ST-ZIP			
STREET ADDRESS	1235 WINDING OAKS CIRCLE EAST			CITY-ST-ZIP			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							
Date						Daytime Phone #	

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