
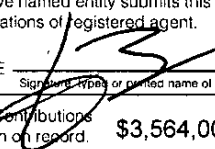
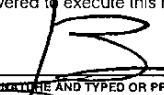


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 9:41

DOCUMENT # A97000002444			
1. Entity Name SEA OAKS INVESTMENT, 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		Zip 32963	
Country		Country	
4. FEI Number 65-0826328		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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: Brion, Jacques Street Address (P.O. Box Number is Not Acceptable) 1235 Winding Oaks Circle City: Vero Beach FL Zip Code: 32963	
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: _____			
9. Capital Contributions as Shown on record. \$3,564,000.00		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 #	A97000002443	STREET ADDRESS	
NAME	SEA OAKS INVESTMENT GP, LTD.	CITY-ST-ZIP	
STREET ADDRESS	1235 WINDING OAKS CIRCLE EAST		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: 		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE

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