


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

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000002523					
1. Entity Name ESMS ENTERPRISES, LTD.					
Principal Place of Business 10318 ORANGE GROVE DR. TAMPA FL 33618			Mailing Address 10318 ORANGE GROVE DR. TAMPA FL 33618		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3479878	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SHAFII, ESFANDIAR 10318 ORANGE GROVE TAMPA FL 33618				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

Signature, typed or printed name of registered agent and title if applicable

DATE

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

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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 #		STREET ADDRESS	000000209328
NAME	SHAFII, ESFANDIAR	CITY- ST- ZIP	02/02/05-80035-009 526.25
STREET ADDRESS	10318 ORANGE GROVE		
CITY- ST- ZIP	TAMPA FL 33618		
DOCUMENT #		STREET ADDRESS	
NAME	SHAFII, MARIAN	CITY- ST- ZIP	
STREET ADDRESS	10318 ORANGE GROVE		
CITY- ST- ZIP	TAMPA FL 33618		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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NAME		CITY- ST- ZIP	
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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: *Marian Shafii* **MARIAN SHAFII** 1/24/2005 813-933-4681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

STAPLE CHECK HERE