


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005.

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002638

1. Entity Name
ALBERTA ASSOCIATES, LTD.



Principal Place of Business
1730 N. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

Mailing Address
1730 N. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. # etc.

City & State

City & State

Zip Country Zip Country



04182005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0800037

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON, FL 33431

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. **\$1,630,000.00**

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

DOCUMENT #	P97000100736
NAME	CALGARY, INC.
STREET ADDRESS	1730 N. FEDERAL HIGHWAY
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	000000363499 05/06/05-80001-020 526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 TYPE OF OFFICE OR TITLE OF SIGNING GENERAL PARTNER