


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 14 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002951 1. Entity Name FORTRESS PARTNERS I, LTD.					
Principal Place of Business 6015 SW HWY. #200, STE. 101 OCALA, FL 34474			Mailing Address P.O. BOX 1476 OCALA, FL 34478		
2. Principal Place of Business 3233 SE Maricamp Road		3. Mailing Address Suite, Apt. #, etc. Suite 601			
Suite, Apt. #, etc. Suite 601		Suite, Apt. #, etc.			
City & State Ocala FL		City & State			
Zip 34471		Country Marion		Zip 34471	
Country Marion		Country		4. FEI Number 59-3485275	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEEWARD, DIRK J 6015 SW HWY. #200, STE. 101 OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3233 SE Maricamp Road Suite 601 City Ocala FL Zip Code 34471		
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. BY: <u><i>Dirk J. Leeward</i></u> Dirk J. Leeward 4/13/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$93,100.00		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 #	P97000109109		STREET ADDRESS		
NAME	LIBERATOR CORP.		CITY - ST - ZIP		
STREET ADDRESS	P.O. BOX 1476		CITY - ST - ZIP		
CITY - ST - ZIP	OCALA, FL 344781476		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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. BY: <u><i>Dirk J. Leeward</i></u> Dirk J. Leeward 4/13/05 SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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