


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

DOCUMENT # A98000000267 1. Entity Name SEA PINES DEVELOPMENT OF N.W. FLA., LTD.	
---	---

Principal Place of Business 4300 BAYOU BLVD., STE. #23 PENSACOLA FL 32503	Mailing Address 4300 BAYOU BLVD., STE. #23 PENSACOLA FL 32503 <i>New address</i>
--	--

2. Principal Place of Business <i>1312 E. Cervantes St.</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Pensacola, FL</i>	City & State
Zip <i>32501</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent SHARON HESS HERRICK 4300 BAYOU BLVD., STE. #23 PENSACOLA FL 32503	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. \$728,136.00	10. Amount of Capital Contributions in FLORIDA to date. <i>526.25</i>
--	---

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

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 #	L73336	STREET ADDRESS	
NAME	SEA PINES DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	4300 BAYOU BLVD., STE. #23		
CITY-ST-ZIP	PENSACOLA FL 32503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

900054037059
05/09/05--01012--014 **526.25

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 *Sharon Hess Herrick* *4-19-05* *850-477-7050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

2005 APR 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3636519	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

STAPLE CHECK HERE