


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

DOCUMENT # A98000000290 1. Entity Name BRISTOL PARK OF TAMARAC, LIMITED	
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Principal Place of Business 2247 PALM BEACH LAKES BLVD., SUITE 20 WEST PALM BEACH FL 33409	Mailing Address 2247 PALM BEACH LAKES BLVD., SUITE 20 WEST PALM BEACH FL 33409
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2. Principal Place of Business 631 US HWY ONE	3. Mailing Address 631 US HWY ONE
Suite, Apt. #, etc. SUITE 406	Suite, Apt. #, etc. SUITE 406
City & State NORTH PALM BEACH, FLORIDA	City & State NORTH PALM BEACH, FLORIDA
Zip 33408	Country USA

6. Name and Address of Current Registered Agent MACKEY, WALTER J JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 631 US HWY ONE SUITE 406 City NORTH PALM BEACH FL Zip Code 33408
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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. \$60,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$60,000.00
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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 # P97000063284	NAME BRISTOL PARK MANAGEMENT, INC.	STREET ADDRESS 631 US HWY ONE, SUITE 406	
STREET ADDRESS 2247 PALM BEACH LAKES BLVD., SUITE 204		CITY-ST-ZIP NORTH PALM BEACH, FLORIDA 33408	
CITY-ST-ZIP WEST PALM BEACH FL 33409			
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
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:  **WALTER J. MACKEY, JR., PRESIDENT 4/5/05 (561)848-8760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED
2005 APR 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0814854	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

STAPLE CHECK HERE