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

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1. Entity Nam	e	# <b>A9800000100</b> SITION, LLLP	* و •			DIVIS 05.	CRETAR ION OF C JUN 13	LEU Y OF S ORPO	STATE RATIONS	
Principal Place of Business  1555 PALM BEACH LAKES BLVD., SUITE 11 WEST PALM BEACH FL 33401  Mailing Address  1555 PALM BEACH LAKE WEST PALM BEACH FL 33401						a 1				)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc. Suite #1100			Suite, Apt. #, etc. Suite #1100			4	1ST MOOI	RE C	CR2E003	3 (10/04)
City & State			City & State			4. FEI Number 65-0840905 Applied For Not Applicable				
Zip	Country		Zip	Coun	itry		ate of Statu		Q	\$8.75 Additional Fee Required
	6. Name	and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent					
ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401					Street Address (P.O. Box Number is Not Acceptable)					
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.										
The state of the s										
SIGNATURE										
9. Capital Contributions \$1,000,00 10. Amount of Capital Contributions 61,000,00										
as Shown on record. In FLORIDA to date. 91,500.00										
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							AD	DRESS CHA	NGES OF	NLY
DOCUMENT #	P98000030		STR	EET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP	1555 PAL	OUNTY HOME COMPAN' M BEACH LAKES BLVD., LM BEACH FL 33401		ITE 1100						
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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  North County  Home Company										

Ron Cooper

4/27/05

Date

561-686-2000

Daytime Phone #