2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	1. Entity Name	MENT # A					FILED 2005 APR 27 PM 4: 50					
	Principal Piace of Business  Mailing Address  SOUTHEAST PROPERTY ASSOCIATES, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH, FL 33441  Mailing Address  SOUTHEAST PROPER 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH, FL 33441					STE 20		1 (00) Day 40) 0 40	JON OF CO ALLAHASS	), 66/U 68/6) U6# 8	SM 2(0): 22(40)	
	2. Principal Pl	. Principal Place of Business 3.				Mailing Address						
ŀ	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022005	Chg-LP	CR2E003	(10/03)	
-	City & State				City & State			4. FEI Number 65-08275	587		Applied For Not Applicable	
İ	Zip	Country			Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Regist			ered Agent			7. Name and A	ddress of New R				
							Name					
	G.P. ADMIRAL BUILDING, INC. 1645 S.E. 3RD COURT, STE 200 DEERFIELD BEACH, FL 33441						Street Address (P.O. Box Number is Not Acceptable)					
-							City			FL	Zip Code	
	<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.</li> </ol>							ed agent, or both,	in the State of Flo		niliar with, and accept	
	SIGNATURE ————————————————————————————————————											
		9. Capital Contributions as Shown on record. \$20,000.00 In FLORIDA to dat					outions					
		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.										
ŀ	12. GENERAL PARTNER INFORMATION					13.						
	DOCUMENT #	P98000034919 G.P. ADMIRAL BUILDING, INC.				STRE	ET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	1645 S.E. 3RD DEERFIELD B		CITY-S		-						
	DOCUMENT # NAME					STRE	ET ADDRESS	400054221714				
_	STREET ADDRESS CITY-ST-ZIP					СПҮ	-ST-ZIP	05/10	400054221714 05/10/05010/4008 **228.75			
	DOCUMENT # NAME	MENT #				STRE	ET ADDRESS					
L	STREET ADDRESS CITY+ST-ZIP						-ST-ZIP					
	DOCUMENT # ! NAME	WE				STRE	ET ADDRESS					
HERE	STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZiP					
CHECK +	DOCUMENT # NAME					STRE	ET ADDRESS			,		
	STREET ADDRESS CITY-ST-ZIP	TY-ST-ZIP  ICUMENT #  ME				CITY	-ST-ZIP					
STAPLE	DOCUMENT #					STA	EET AODRESS	<del></del>				
	STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
	14. I hereby certify that the information supplied with this filling 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 by 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											
	SIGNAT	IGNATURE:						erman	4.22.0	5 95 Daytin	4.420.1001	