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

STAPLE CHECK HERE

SIGNATURE

DOCUI				DIVISION OF STATE						
WEST PALM COMMERCE PARK, LIMITED							05 M	IAY -9	AH 9: ;	110KS 21
Principal Place	e of Business	Mailing Address							_	• •
2247 PALM	DEVELOPMENT, INC. BEACH LAKES BOULEVARD, SUIT I BEACH FL 33409	PMENT, AKES BO FL 33409	DULEVARD	, SUIT	111		l lødde øødde fødde øø		12 H201 101H 85KSH SF 1561	
631 US	ace of Business 5 HWY ONE	3. Mailing Address 631 US HWY ONE								
Suite, Apt. #, etc. SUITE 406		Suite, Apt. #, etc. SUITE 406			1ST MO					
NORTH PALM BEACH, FLORIDA		City & State PALM BEACH			ORIDA 4. FEI Number 6		^{oer} 65-	5-0843376 Not A		Applied For Not Applicable
Zip 33408	08 USA 33408			A 5. Certificate of Status Desired See Required					`	
6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name									jent	
MAC										
MACKEY, WALTER J JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409				Pares you	Address (P.O. Box Number is Not Acceptable)					
				NÖKTH	ORTH PALM BEACH				FL	² 33448
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										ny May 1, 2005. Ictions for fee info.
9. Capital Contributions as Shown on record. \$30,000.00 \$10. Amount of Capital Contributions in FLORIDA to date. \$30,000.00										
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			13.	3. ADDRESS CHANGES ONLY						
DOCUMENT # NAME STREET ADDRESS	P9900044137 MACKEY DEVELOPMENT, INC. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409			EET ADDRESS	031 03 1141 0HE, 3011E 400					
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DOCUMENT A	{	· · ·	STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY	r-\$1-ZiP				···-		
indicated	Certify that the information supplied with on this report is true and accurate and to the or trustee empowered to execute this	that my signature shall hav	e the sam	e legal effec	t as if n	ction 119.07(3 nade under oa	3)(i), Floric th; that I a	da Statutes. I t am a General	further certif Partner of the	ly that the information he limited partnership or