


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001471		
1. Entity Name FERLISE HOLDINGS LIMITED		

Principal Place of Business 1740 OAK LAKES DRIVE SARASOTA FL 34232	Mailing Address 1740 OAK LAKES DRIVE SARASOTA FL 34232
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0888559		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERLISE, P F 1740 OAK LAKES DRIVE SARASOTA FL 34232
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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 *Pat Ferlise* DATE 4/21/05
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record. \$1,098,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000051032	STREET ADDRESS	
NAME	PRF, INC.	CITY - ST - ZIP	
STREET ADDRESS	1740 OAK LAKES DRIVE		
CITY - ST - ZIP	SARASOTA FL 34232		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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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)(f), 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: *Pat Ferlise* DATE 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE