2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005 FILED

1. Entity Nam	DOCUMENT # A9800001595 1. Entity Name STUTT INVESTMENT CO., LTD.				Mar 25, 2005 8:00 A.M Secretary of State				
455 COCONL	Principal Place of Business 455 COCONUT PALM ROAD VERO BEACH, FL 32963		Mailing Address 455 COCONUT PALM ROAD VERO BEACH, FL 32963				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A (111) SA (111) A (111) A (111)	
2. Principal P	Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03162005	Chg-LP	CR2E003	3 (10/03)	
City & Stat	9	City & State			4. FEI Number 59-3530434			Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		8.75 Additional ee Required	
-	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Ag	ent	
817 BEAC	GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963				Street Address (P.O. Box Number is Not Acceptable) 819 Beachland Blvd.				
VERO DE									
				City Ver	ro Beach FL 32963				
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am far	miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.					DATE		
9. Capital Co as Shown		10. Amount of Capi in FLORIDA to o		butions					
	A GENERAL PARTNER 1 NOTE: General Partners MA	HAT IS A BUSINESS E	NTITY M	IUST BE REGIST	TERED AND AC	TIVE WITH TH	IS OFFICE.	ner.	
12.	GENERAL PARTNE		13.			ADDRESS CHA			
DOCUMENT # NAME	P98000057834 BICA, INC. 455 COCONUT PALM ROAD VERO BEACH, FL 32963			eet address					
STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP					
DOCUMENT # NAME			STR	EET AODRESS					
STREET AGORESS CITY-ST-ZIP			CITY	/-ST-ZIP					
DOCUMENT / NAME	- -		STR	SET ADDRESS	·		-	· - · - · ·	
STREET ADDRESS : CITY-ST-ZIP	,		CITY	r-ST-ZIP	80 04/05	<i>)</i> 0049 /050100	8393 4013	3 08 **526.25	
DOCUMENT A			STR	EET ADDRESS					
STREET ACCINESS CITY-SI-ZIP TOCUMENT #			CITY	r-ST-ZIP					
DOCUMENT # DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS					
STREET NCORESS			CITY	r-ST-ZIP					
DOCUMENT .			ŠTR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		•• · · • • • • • • • • • • • • • • • •	CITY	(-ST-ZIP	***				
indicatéd	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute the	that my signature shall have	the sam pter 620,	e legal effect as if m	nade under oath; t	hat I am a Genera	I Partner of th	y that the information le limited partnership or 773-34-1339	
JIGHAI	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER				Date		time Phone #	