

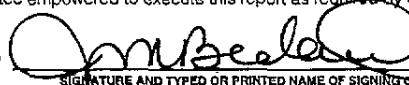


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001832 1. Entity Name CONSTELLATION LIMITED PARTNERSHIP					
Principal Place of Business ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0864923	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEDARD, JULIE ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$950.00			10. Amount of Capital Contributions in FLORIDA to date. \$141.25		
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 # NAME STREET ADDRESS CITY-ST-ZIP	L60386 SEAVIEW MANAGEMENT CORPORATION ONE NORTH CLEMATIS, SUITE 320 WEST PALM BEACH, FL 33401		STREET ADDRESS CITY-ST-ZIP	1100000196813 01/26/05-80086-005 141.25	
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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.					
SIGNATURE: 			1/5/05 801-659-4455 Date Daytime Phone #		

STAPLE CHECK HERE