


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A98000001858	
1. Entity Name TRICONY SARASOTA, LTD.	

FILED
2005 APR 29 PM 2:19
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business C/O RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480	Mailing Address C/O RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03232005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0856099	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 MICHAEL TORRES C/O TRICONY MGT., LLC 313 1/2 WORTH AVE., STE. 111 PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,636,900.00	10. Amount of Capital Contributions in FLORIDA to date. 3,726,900.00
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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 #	P98000067485	STREET ADDRESS	
NAME	TRICONY SARASOTA CORP.	CITY-ST-ZIP	500053077105
STREET ADDRESS	313 1/2 WORTH AVENUE, SUITE B-1		04/29/05--01016--017 **1156.25
CITY-ST-ZIP	PALM BEACH, FL 33480	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

\$526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Edward Torres 3-25-05 (561) 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

EDWARD TORRES

STAPLE CHECK HERE