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

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	DOCUM 1. Entity Name	OCUMENT # A98000002355  Entity Name  SLUEGRASS, LTD.			2005 APR 26 PM 12: 29	
	BLUEGRA					
-				COD WE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
- {	Principal Place of Business Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 600 EAST COLONIAL DRIVE			RIVE SUITE 100		
	ORLANDO F	L 32803	ORLANDO FL 32803			
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	2. Principal Place of Business  200 Red Bud Lane.  Suite, Apt. #, etc.  3. Mailing Address 200 Red Business Suite, Apt. #, etc.			ud Lane		
t				المن من ال	1ST MOORE CR2E003 (10/04)	
-	City & State	1	, City & State		4. FEI Number Applied For	
	Long	a 1 1 1 1	Longwood	·FL	59-3536628 Not Applicable	
İ	3277	Country 19 115A	32779	Country	5. Certificate of Status Desired	
-		6. Name and Address of Current R			7. Name and Address of New Registered Agent	
	SCHRIMSHER, J. STEVEN			Narje	Wilson-A-Knott-	
ŀ	600 EAST COLONIAL DRIVE, SUITE 100			Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	ORLANDO FL 32803					
				City	Lenawerd FL Zip Coding	
ŀ	The above named entity submits this statement for the purpose of changing its registered.					
	in the State of Floridal 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE 11. FILE NOW!!! Due by May 1, 2005.					
	SIGNATURE Signature, typed or printed namefol registered against and title # applicable PRESIDENT DATE  11. FILE NOW!!! Due by May 1, 200  See Block 11 instructions for feet					
	9. Capital Contributions as Shown on record. \$1,260,000.00 in FLORIDA to date.					
	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	REEI ADDRESS 200 REDBUD LANE, P.O. BOX 8389 LONGWOOD FL 32779			202054242242	
	CITY-ST-ZIP				300054343343 05/12/05 01077 019 **141.25	
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	14. I hereby	certify that the information supplied with	this filing does not qualify for t	1	ted 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					
	Me all Human All many and and					
	SIGNAT	TURE: /////// SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERAL	A/ H. K/	NOTT 4-20-05 407-774-9127	