


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

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

<b>DOCUMENT #</b> A98000002369	
<b>1. Entity Name</b> TEMPLE PARTNERS, LTD.	

<b>Principal Place of Business</b> 2300 NORTH CORPORATE BOULEVARD STE. 238 BOCA RATON FL 33431	<b>Mailing Address</b> 2300 NORTH CORPORATE BOULEVARD STE. 238 BOCA RATON FL 33431
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1ST MOORE CR2E003 (10/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0880836	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  TEMPLE, JOHN W 2300 NW CORPORATE BLVD. STE. 238 BOCA RATON FL 33431
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<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable **DATE** \_\_\_\_\_

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

<b>9. Capital Contributions as Shown on record.</b> \$480,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>
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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	
<b>DOCUMENT #</b>	P93000005176
<b>NAME</b>	TEMPLE MANAGEMENT COMPANY
<b>STREET ADDRESS</b>	2300 NORTH CORPORATE BOULEVARD
<b>CITY - ST - ZIP</b>	BOCA RATON FL 33431
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	11000000314448
<b>CITY - ST - ZIP</b>	04/19/05-80169-002 525.25
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
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<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

STAPLE CHECK HERE

**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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-05

Date

561-997-884

Daytime Phone #