


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

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

DOCUMENT # A98000002797					
1. Entity Name THE REMCO LIMITED PARTNERSHIP					
Principal Place of Business 6235 SE CHARLESTON PLACE, G103 HOBE SOUND, FL 33455			Mailing Address 6235 SE CHARLESTON PLACE, G103 HOBE SOUND, FL 33455		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOPKO, JAMES 2307 S.E. MONTEREY ROAD STUART, FL 34994			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$1,750,000.00		10. Amount of Capital Contributions 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 #	P98000101602			STREET ADDRESS	
NAME	CATAWBA, INC.			CITY-ST-ZIP	
STREET ADDRESS	6235 SE CHARLESTON PLACE, G103				
CITY-ST-ZIP	HOBE SOUND, FL 33455				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ronald E. Muehle</i>				3/12/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>	



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4. FEI Number 65-0881323 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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