
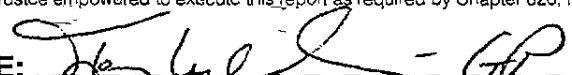


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A98000002926</b>			
1. Entity Name <b>SAN RAFAEL PARTNERS, LTD.</b>			
Principal Place of Business <b>4943 SAN RAFAEL TAMPA, FL 33629</b>		Mailing Address <b>4943 SAN RAFAEL TAMPA, FL 33629</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01042005 Chg-LP CR2E003 (10/03)	
		4. FEI Number <b>59-3551352</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILLIAMS, JERRY L 4943 SAN RAFAEL TAMPA, FL 33629</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 file if applicable</small>			
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WILLIAMS, JERRY L</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4943 SAN RAFAEL</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WILLIAMS, JANE J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4943 SAN RAFAEL</b>		
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>		
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NAME		CITY-ST-ZIP	
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)(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: 		4-5-05 813-286-0770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



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04/18/05-80154-012 526.25

STATE OF FLORIDA