


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000123	
1. Entity Name CORKSCREW MINING VENTURES, LTD.	

Principal Place of Business 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34105	Mailing Address 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34105
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03012005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3557515	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITZGERALD, WILLIAM E 4099 TAMiami TRAIL, NORTH, SUITE 305 NAPLES, FL 34105	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. \$3,766,402.17	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000101350	STREET ADDRESS	
NAME	CORKSCREW MINING & EXCAVATION, INC.	CITY-ST-ZIP	
STREET ADDRESS	4099 TAMiami TRAIL, NORTH, SUITE 305		
CITY-ST-ZIP	NAPLES, FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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05/16/05-80010-002 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ 4.26.05 239-262-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE