


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

DOCUMENT # A99000000168		
1. Entity Name SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:31

Principal Place of Business 3 MCCAIRN CT PALM BEACH GARDENS FL 33418	Mailing Address 3 MCCAIRN CT PALM BEACH GARDENS FL 33418
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2. Principal Place of Business 42 EDINBURGH DR. Suite, Apt. #, etc.	3. Mailing Address 42 EDINBURGH DR Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS FL
Zip 33418	Country USA
Zip 33418	Country USA



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SANTA MARIA, MICHAEL 3 MCCAIRN CT 42 EDINBURGH DR. PALM BEACH GARDENS FL 33418 NEW	
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4. FEI Number 65-0893531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 <u>Michael Santa Maria</u> DATE <u>3/16/05</u>
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11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$1,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,153,925
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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	
DOCUMENT #	SANTA MARIA, MICHAEL TRUSTEE
NAME	3 MCCAIRN CT 42 EDINBURGH DR.
STREET ADDRESS	PALM BEACH GARDENS FL 33418
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
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03/28/05--01074--005 **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)(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: <u>Michael Santa Maria</u>	DATE: <u>3/16/05</u>	DAYTIME PHONE: <u>561-626-5924</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE