


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 AM 10:53

DOCUMENT # A99000000235	
1. Entity Name 5581 S.O.B.T., LTD.	

Principal Place of Business 5075 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32835	Mailing Address 5075 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32835
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2. Principal Place of Business <i>5570 S. ORANGE BLOSSOM TRAIL</i>	3. Mailing Address <i>1365 WINDSONG RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

AK



01102005 Chg-LP CR2E003 (10/03)

City & State <i>ORLANDO, FL</i>	City & State <i>ORLANDO, FL</i>	4. FEI Number 59-3567378	Applied For Not Applicable
Zip <i>32839</i>	Country <i>ORANGE</i>	Zip <i>32809</i>	Country <i>ORANGE</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LABRET, STEVEN M ESQ. 226 HILLCREST STREET ORLANDO, FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000013125 G & C EQUITIES, INC. 5075 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32835	STREET ADDRESS CITY-ST-ZIP	<i>1365 WINDSONG RD. ORLANDO, FL 32809</i>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>400046721724 02/17/05--01005--011 **158.75</i>
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Carol A. Francis Dir.* **2-4-05** **(407) 340-5890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #