



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

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000653			
1. Entity Name LIVIENCLARK, LTD.			
Principal Place of Business 3615 JETTON AVE. TAMPA FL 33629		Mailing Address 3615 JETTON AVE. TAMPA FL 33629	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3569655		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ C/O HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33609		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record. \$681,120.00		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 #	NAME	STREET ADDRESS	
STREET ADDRESS	WILSON, ALBERT A TRUSTEE		000000229970
CITY - ST - ZIP	3615 JETTON AVE. TAMPA FL 33629	CITY - ST - ZIP	02/15/05-80023-012 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WILSON, CAMYLLE D TRUSTEE		
CITY - ST - ZIP	3615 JETTON AVE. TAMPA FL 33629	CITY - ST - ZIP	
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CITY - ST - ZIP		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: 		ALBERT A. WILSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date FEB 3, 2005 Daytime Phone #	



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

STAPLE CHECK HERE