


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000737
 1. Entity Name
 FULTON STREET LIMITED PARTNERSHIP



Principal Place of Business _____ Mailing Address _____
 362 SUDDUTH CIRCLE 362 SUDDUTH CIRCLE
 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548



2. Principal Place of Business _____ 3. Mailing Address _____
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____

03292005 Chg-LP CR2E003 (10/03)

City & State _____ City & State _____
 Zip _____ Country _____ Zip _____ Country _____

4. FEI Number 59-3581787 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHURCH, THOMAS C
 362 SUDDUTH CIRCLE
 FORT WALTON BEACH, FL 32548

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$990,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$990,000.00

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 #	L99000002600
NAME	RETIREMENT L.L.C.
STREET ADDRESS	362 SUDDUTH CIRCLE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Retirement L.L.C. by its manager Nancy Church March 30, 2005 (850) 243-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 2568