2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

	1. Entity Nan	MENT # A9900000				Secretary of State			
	Principal Place of Businoss Mailing Address 1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236 Mailing Address 1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236								
}	2. Principal Place of Business 3. Mailing Address			_ 					
	Suite, Apt. #, etc.		Suite, Apt #, etc.		03172005 Chg-LP	CR2E0	03 (10/03)		
	City & State		City & State		4. FEI Number 65-0927124		Applied For Not Applicable		
	Zip	Country	Zip Country		ntry	5. Certificate of Status Des		\$8.75 Additional Fee Required	
ļ	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	FERNANDEZ, MIRIAM S				Name				
	1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)				
					City	City FL Zip Code			
	 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 				i ed office or register	ed agent, or both, in the State		amiliar with, and accept	
	SIGNATURE Signature, typed or printed name of registered agent of fritte if applicable						DATE		
Ì	9. Capital Contributions as Shown on record, \$2,750,000.00 10. Amount of Capital Contribution in FLORIDA to date.				butions # 579, 57	100			
}		A GENERAL PARTNER T NOTE: General Partners MA	ERED AND ACTIVE WIT	H THIS OFFICE e a general par	tner.				
-	12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY			
	DOCUMENT A	CLEARWATER EQUITIES, INC. 1800 BEN FRANKLIN DRIVE, SUITE B806 SARASOTA, FL 34236			EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	3		·	
	DOCUMENT / NAME STREET ADDRESS	-		STRE	EET ADDRESS	000000366689 05/16/05-80002-016 526.25			
-	CITY-ST-ZIP	(35)			-ST-ZIP	00/10/03-00002-016 326.23			
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS		•		EET ADDRESS			1.2	
	CITY-ST-ZIP				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
	NAME STREET ADDRESS			j	-ST-ZIP				
	CITY-ST-ZIP DOCUMENT #			-	ET ADDRESS			 	
	NAME STREET ADDRESS CITY-ST-ZIP			ł	-ST-ZIP				
	DOCUMENT #			STRE	ET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			·	
}	14. Thereby 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 eath, that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes CONTRACTOR WATER EDUL/1763 1 DNC-								