


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 FEB 22 AM 9:03

DOCUMENT # A99000001203

1. Entity Name
 37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.



Principal Place of Business
 1001 37TH STREET NORTH
 ST. PETERSBURG, FL 33713

Mailing Address
 1001 37TH STREET NORTH
 ST. PETERSBURG, FL 33713

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01072005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3588262

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
 1245 COURT STREET, SUITE 102
 CLEARWATER, FL 33756

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. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	
NAME	EATON, KOCO M.D.
STREET ADDRESS	1001 37TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
DOCUMENT #	
NAME	TOLLI, THOMAS M.D.
STREET ADDRESS	1001 37TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
DOCUMENT #	
NAME	MIXA, THOMAS M M.D.
STREET ADDRESS	1001 37TH STREET NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33713
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	400047789204
CITY - ST - ZIP	03/07/05--01019--013 **150.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/18/05 727-321-9644
 Date Daytime Phone #