


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001498
1. Entity Name
SEGOVIA VENTURES, LTD



Principal Place of Business: 3733 W. UNIVERSITY BLVD, STE 115-A, JACKSONVILLE FL 32217
Mailing Address: 3733 W. UNIVERSITY BLVD, STE 115-A, JACKSONVILLE FL 32217



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

1ST MOORE CR2E003 (10/04)
4. FEI Number: 59-3598897 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANSBACHER, JORDAN
3733 W. UNIVERSITY BLVD
STE 115-A
JACKSONVILLE FL 32217

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

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

9. Capital Contributions as Shown on record: \$5,000.00
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	
DOCUMENT #	NAME
STREET ADDRESS	HELMING, DONNA
CITY-ST-ZIP	3733 W. UNIVERSITY BLVD., STE 115A JACKSONVILLE FL 32217
DOCUMENT #	NAME
STREET ADDRESS	COHEN, MICHELE
CITY-ST-ZIP	3733 W. UNIVERSITY BLVD., STE 115A JACKSONVILLE FL 32217
DOCUMENT #	NAME
STREET ADDRESS	ANSBACHER, BRIAN
CITY-ST-ZIP	3733 W. UNIVERSITY BLVD., STE 115A JACKSONVILLE FL 32217
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	
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CITY-ST-ZIP	

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04/30/05-80102-022 141.25

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: Donna Helming Donna Helming 4/18/05 (904)733-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE