



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A99000001581					
1. Entity Name THE ABRAHAM GROUP PARTNERSHIP, LTD.					
Principal Place of Business 1300 S. LAKE HOWARD DRIVE SUITE 100 WINTER HAVEN, FL 33880		Mailing Address 1300 S. LAKE HOWARD DRIVE SUITE 100 WINTER HAVEN, FL 33880			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3599183	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAM, STEVEN 1300 S. LAKE HOWARD DRIVE SUITE 100 WINTER HAVEN, FL 33880				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$200,000.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000085470		STREET ADDRESS		
NAME	THE ABRAHAM GROUP, INC.		CITY - ST - ZIP		
STREET ADDRESS	19 O'BRIEN STREET, SUITE 1				
CITY - ST - ZIP	ORILLIA ONTARIO L3V 5S1, L				
DOCUMENT #			STREET ADDRESS	U000000219957	
NAME			CITY - ST - ZIP	02/08/05-80049-004 526.25	
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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)(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:  Steven Abraham			Date: Jan. 18/05 Phone #: 863-243-5559		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE