


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

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

<b>DOCUMENT # A99000001649</b>		
1. Entity Name STD, LTD.		
Principal Place of Business 300 S.E. 9TH COURT POMPANO BEACH FL 33060	Mailing Address 300 S.E. 9TH COURT POMPANO BEACH FL 33060	



1ST MOORE CR2E003 (10/04)

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 65-0966721		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		7. Name and Address of New Registered Agent	
HYATT, GILBERT E III 300 S.E. 9TH COURT POMPANO BEACH FL 33060		Name	
		Street Address (P O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


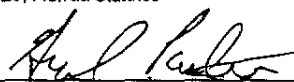
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$990.00	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 #	NAME	STREET ADDRESS	
NAME	HYATT, GILBERT E III	CITY- ST- ZIP	
STREET ADDRESS	300 S.E. 9TH COURT		
CITY- ST- ZIP	POMPANO BEACH FL 33060		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	HYATT, PATTI R	CITY- ST- ZIP	
STREET ADDRESS	300 S.E. 9TH COURT		
CITY- ST- ZIP	POMPANO BEACH FL 33060		
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CITY- ST- ZIP			

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02/08/05-80053-021 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**   1-29-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE