


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 22 AM 11:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000002202
 1. Entity Name
REMSEN COURT LIMITED PARTNERSHIP



Principal Place of Business
 6617 REMSEN COURT
 CARLSBARD, CA 92009

Mailing Address
 6617 REMSEN COURT
 CARLSBARD, CA 92009

2. Principal Place of Business
14648 La Plata

3. Mailing Address
14648 La Plata

Suite, Apt. #, etc.

City & State
San Diego, CA 92127

City & State
San Diego, CA 92127

Zip
92127

Country
San Diego

Zip
92127

Country
San Diego



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number
91-2018083

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. **\$455.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$455.00**

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 #	STRAZA, JAMIE C TRUSTEE 6617 REMSEN COURT CARLSBAD, CA 92009	STREET ADDRESS	14648 La Plata
NAME		CITY-ST-ZIP	San Deigo, CA 92127
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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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:  **4/15/05** **858 759.9343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #