

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002276 1. Entity Name CLINTON INVESTMENTS, LTD.					
Principal Place of Business 400 5TH AVENUE SOUTH, SUITE 205 NAPLES, FL 34102			Mailing Address 400 5TH AVENUE SOUTH, SUITE 205 NAPLES, FL 34102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 62-1718017	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLINTON, J.D. 400 5TH AVENUE SOUTH, SUITE 205 NAPLES, FL 34102				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 \$4,974,100.00			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 #	F99000006766		STREET ADDRESS		
NAME	GATEHOUSE EQUITY MANAGEMENT, INC.		CITY - ST - ZIP		
STREET ADDRESS	400 5TH AVENUE SOUTH, SUITE 205		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34102		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(f), 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

4/11/05

Date

731-772-6047

Daytime Phone #