


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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B01000000279	
<b>1. Entity Name</b> SPEAR VALENCIA LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 201 EAST OGDEN AVE., STE 26 HINSDALE IL 60521	<b>Mailing Address</b> 201 EAST OGDEN AVE., STE 26 HINSDALE IL 60521
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1ST MOORE CR2E003 (10/04)

<b>4. FEI Number</b> 36-4456200	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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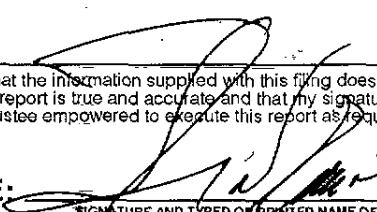
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	<b>11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b> _____
<b>9. Capital Contributions as Shown on record.</b> \$200,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 150,000

**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	
<b>DOCUMENT #</b>	F01000004298	<b>STREET ADDRESS</b>	
<b>NAME</b>	OSWEGO HOME INVESTORS, INC.	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	201 EAST OGDEN AVE, STE 26		
<b>CITY-ST-ZIP</b>	HINSDALE IL		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
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<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

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04/19/05-80026-002 526.25

**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:**  **Howard W. Edison, Vice President of General Partner**  
Date: 4/21/05  
Daytime Phone #: 620/225-5800

STAPLE CHECK HERE