


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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # B01000000291 1. Entity Name CHESTERFIELD PARK ASSOCIATES LIMITED PARTNERSHIP	
---	---

Principal Place of Business 9051 FLORIDA MINING BLVD., STE. 100 TAMPA FL 33634	Mailing Address 9051 FLORIDA MINING BLVD., STE. 100 TAMPA FL 33634
--	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2695875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRACCHIOLO, SAM A JR. 2855 SOUTH CONGRESS AVENUE, SUITE A DELRAY BEACH FL 33445

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

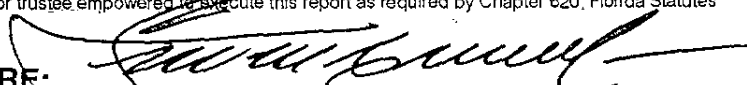
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F97000005546
NAME	CHESTERFIELD PARK CORPORATION
STREET ADDRESS	2855 S. CONGRESS AVENUE, SUITE A
CITY - ST - ZIP	DELRAY BEACH FL 33445
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

U00000345156
04/30/05-80027-001 526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE: 	Date 4-15-05 Daytime Phone 813-889-83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	