


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

DOCUMENT # B01000000357	
1. Entity Name REAGAN INVESTMENTS, L.P.	

FILED

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W 07/26/05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14101 N.W. 4TH STREET SUNRISE, FL 33325	Mailing Address 14101 N.W. 4TH STREET SUNRISE, FL 33325
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

06292005 Chg-LP CR2E003 (10/03)

4. FEI Number 88-0508203	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, PATRICIA
14101 N.W. 4TH STREET
SUNRISE, FL 33325

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

1000

**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 #	F01000005346
NAME	REAGAN INVESTMENTS GP, INC.
STREET ADDRESS	202 NORTH CURRY STREET
CITY-ST-ZIP	CARSON CITY, NV 89703
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	

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07/21/05-01036 004 **541.25

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ *7-18-05* **754-845 9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #