


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

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # B02000000130 1. Entity Name THREE SEAS LIMITED PARTNERSHIP, L.P.	
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Principal Place of Business 2530 CHANNIN DRIVE WILMINGTON DE 19810	Mailing Address P.O. BOX 4 TOMS RIVER NJ 08754
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 22-3840266	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 PRATT, DAVID ESQ. DAVID PRATT AND ASSOCIATES, P.A. 2101 CORPORATE BLVD., #220 BOCA RATON FL 33431

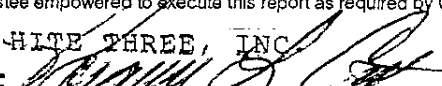
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. \$1,985,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$518,913.00

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 #	F02000001583	STREET ADDRESS	
NAME	HITE THREE, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 4		
CITY-ST-ZIP	TOMS RIVER NJ 08754		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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03/23/05-80055-008 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: HITE THREE, INC.  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
3/14/05 732-349-1600 Date Daytime Phone #

STAPLE CHECK HERE