



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:09

DOCUMENT # B03000000077					
1. Entity Name PAN COASTAL LIMITED PARTNERSHIP, A DELAWARE LTD PARTNERSHIP					
Principal Place of Business 605 E. ROBINSON STREET, STE. 400 ORLANDO, FL 32801			Mailing Address 605 E. ROBINSON STREET, STE. 400 ORLANDO, FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 02212005 Chg-LP CR2E003 (10/03)			APPLIED FOR		
5. Certificate of Status Desired			Applied For Not Applicable		
6. Name and Address of Current Registered Agent SHENOY, UDAY P SOUTHSTATE MANAGEMENT CORPORATION 605 E. ROBINSON STREET, STE. 400 ORLANDO, FL 32801			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. \$250,000.00		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 #	F03000000920		STREET ADDRESS		
NAME	TOURICUM NUMBER TWO LTD. INC.		CITY-ST-ZIP		
STREET ADDRESS	605 E. ROBINSON STREET, STE. 400				
CITY-ST-ZIP	ORLANDO, FL 32801				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	600047508286	
NAME			CITY-ST-ZIP	03/01/05--01053--008 **535.00	
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STREET ADDRESS					
CITY-ST-ZIP					
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:  ASAD A. RUSHD - V/S			FEB 21, 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE