


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -6 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000378	
1. Entity Name FOWLER, RODRIGUEZ, CHALOS, FLINT, GRAY, MCCOY, A'CONNER, SULLIVAN & CARROLL, LLP	

Principal Place of Business 400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130	Mailing Address 400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number 72-1113170	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUILLERMO LUIS DOMINGUEZ 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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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 #	NAME	STREET ADDRESS	
NAME	FOWLER, GEORGE J III	CITY-ST-ZIP	
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR		
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	RODRIGUEZ, ANTONIO J	CITY-ST-ZIP	
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR		
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHALOS, MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	366 MAIN STREET		
CITY-ST-ZIP	PORT WASHINGTON, NY 11050		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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06/06/05--01005--022 **150.00

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

George J. Fowler, III

Date

04/28/05

Daytime Phone #

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