


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -2 AM 9:46

DOCUMENT # A01000001136			
1. Entity Name SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PARTNERSHIP			
Principal Place of Business 10 WINCOVE LANE ROCKLEDGE, FL 32955		Mailing Address 10 WINCOVE LANE ROCKLEDGE, FL 32955	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc		Suite Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SD FINANCIAL AND REAL ESTATE VENTURES, LLC 10 WINCOVE LANE ROCKLEDGE, FL 32955		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 date if applicable.</small>			
9. Capital Contributions as Shown on record \$4,307,500.00		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 #	L01000014443	STREET ADDRESS	
NAME	SD FINANCIAL AND REAL ESTATE VENTURES, LLC	CITY-ST-ZIP	
STREET ADDRESS	10 WINCOVE LANE		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		
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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 118.07(3)(f), 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 820, Florida Statutes.			
SIGNATURE: <i>Sandra A.</i>		Date: 8/29/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



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4. FEI Number 65-1134747 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

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