
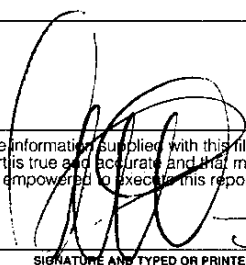


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 21 AM 8:11

<b>DOCUMENT # A0000000784</b> 1. Entity Name 5601 POWERLINE CENTER, LTD.					
Principal Place of Business C/O JAMIE A. DANBURG 7700 CONGRESS AVE., STE. 3100 BOCA RATON, FL 33487			Mailing Address C/O JAMIE A. DANBURG 7700 CONGRESS AVE., STE. 3100 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1009056</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELUREN, MARK S 2200 N. COMMERCE PKSY., STE. 202 WESTON, FL 33326			Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For Not Applicable		
SIGNATURE			DATE		
Signature, typed or printed name of registered agent and title if applicable.			Signature, typed or printed name of registered agent and title if applicable.		
9. Capital Contributions as Shown on record. <b>\$10,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P0000047428		STREET ADDRESS	<b>000045696380</b>	
NAME	POWERLINE CENTER, INC.		CITY-ST-ZIP	<b>01/31/05--01034--001 **158.75</b>	
STREET ADDRESS	7700 CONGRESS AVE., STE. 3100		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Jamie A. Danburg 01/13/05 561-997-5777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE