


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000974					
1. Entity Name COSTA DORADA ASSOCIATES, LTD.					
Principal Place of Business 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172			Mailing Address 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172		
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	
CABANAS, JOSE E 10520 NW 26TH ST SUITE C-201 MIAMI, FL 33172				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. \$11,000,000.00			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 #	P01000070396			STREET ADDRESS	
NAME	COSTA DORADA ASSOCIATES, INC.			CITY-ST-ZIP	
STREET ADDRESS	10520 NW 26TH STREET (SUITE C-201)				
CITY-ST-ZIP	MIAMI, FL 33172				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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)(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 620, Florida Statutes					
SIGNATURE: <u>Jose E Cabanas</u>				Date: <u>4/22/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #: <u>(305) 513-3639</u>	



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-1127475** Applied For Not Applicable

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

U00000346044
04/20/05-00000-017 526.25

STAPLE CHECK HERE