
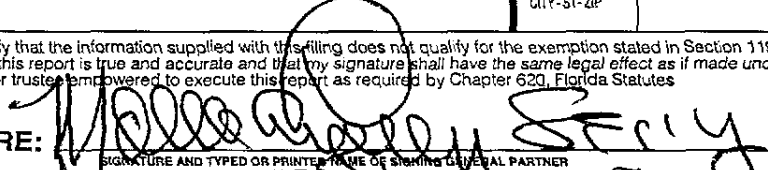


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000142			
1. Entity Name LINSEY ENTERPRISES LIMITED PARTNERSHIP			
Principal Place of Business C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021		Mailing Address C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ENGELBERG, MORRIS C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name SAME 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$100,000,000.00		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 #	P02000010781	STREET ADDRESS	SAME
NAME	LINSEY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3230 STIRLING ROAD, SUITE 1		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	UN0000333363
NAME		CITY-ST-ZIP	04-27-05 00002 000 526-25
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DOCUMENT #		STREET ADDRESS	
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: 		Date: 4/4/05-254-966-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER LINSEY ENTERPRISES INC		Daytime Phone #	



03142005 Chg-LP CR2E003 (10/03)

4. FEI Number 90-0004777 Applied For Not Applicable

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

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