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

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

	DOCUMENT # A0300001341  1. Entity Name TRG - HALLANDALE BEACH (TRUST PROPERTY INVESTOR), LTD.							Secretary of State		
	2828 CORAL WAY, PENTHOUSE SUITE 2828 CORA				ailing Address 828 CORAL WAY, PE IAMI, FL 33145	L WAY, PENTHOUSE SUITE				
-	2. Principal Pla	incipal Place of Business		3. 1	3. Mailing Address					
-	Suite, Apt #	#, etc.			Suite, Apt. #. etc.		·	02102005 Chg-LP CR2E003 (10/03)		
}	City & State				City & State			4. FEI Number Applied For 77-0610784 Not Applied by Applied For Not Applicable Applied For Not		
	Zip		Country	Z	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
}		6. Name	e and Address of Cu	rrent Regisl	tered Agent	•	Name .	7. Name and Address of New Registered Agent		
}	HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE				-			ess (P.O. Box Number is Not Acceptable)		
	MIAMI, FL							· · · · · · · · · · · · · · · · · · ·		
							Cîty	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  Signature, typed or printed name of registered agent and title if applicable.									
	A. Capital Capitibutions					oital Contri	hutione	MAIS		
	as Shown on record. \$99.90 in FLORIDA to c					date	<u> </u>			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the form									
Ţ	12. GÉNERAL PARTNER INFORMATION					13.		ADDRESS CHANGES ONLY		
	DOCUMENT #  NAME  STREET ADDRESS	L03000034904 TRG - HALLANDALE BCH(TR. PF 2828 CORAL WAY, PENTHOUSE			•		EET ADDRESS			
{	CITY-ST-ZIP	MIAMI, FL 33145				CITY	Y-ST-ZIP			
STAPLE CHECK HERE	DOCUMENT# NAME	5				STR	EET ADDRESS	U00000333379 		
	STREET ADDRESS CITY - ST - ZIP					an	Y-ST-ZIP			
ERE	DOCUMENT # NAME					\$TR	EET ADORESS			
	STREET ADDRESS CITY-ST-ZIP				·	cin	Y-ST-ZIP			
	DOCUMENT# NAME				•	STR	EET ADDRESS			
	STREET ADDRESS CITY-ST-ZIP					CIT	Y-ST-ZIP			
	DOCUMENT # NAME					STR	EET ADDRESS			
STAPLE CHE	STREET ADDRESS CITY-ST-ZIP					cm	Y-ST-ZIP			
	DOCUMENT # NAME		- · · - · ·			STR	EET ADDRESS			
	STREET ADDRESS CITY - ST - ZIP						Y-ST-ZIP			
	14. I hereby c indicated the receive	4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further cartify 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 the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes								

ANGEL HERNANDEZ 415/05