2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

STAPLE CHECK HERE

| 1. Entity Nam   | MENT le RGIO INV le of Business ISE POINT D 3157                  | PRIVE          | Ma 6 M | <del>-</del> |      |  | o<br>As   | ELCRETARY ISTON OF C  5 JUL -5 | OF STA             |                               |
|---|---|----------------|--------|--------------|------|--|---|--------------------------------|--------------------|-------------------------------|
| City & State  |   |                | (      | City & State |      |  | 4. FEI Number 20-0497                                     | <br>106                        |                    | Applied For<br>Not Applicable |
| Zip   | Country   |                |        | Zip Cou      |      | try  | 5. Certificate of Status Desired                          |                                |                    | e Required                    |
| 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146   |   |                |        |              |      | 7. Name and Address of New Registered Agent 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  |   |                |        |              |      |  |   |                                |                    |                               |
| 9. Capital Contributions as Shown on record. \$5,000,000.00 10. Amount of Capital C in FLORIDA to date  A GENERAL PARTNER THAT IS A RUSINESS ENTI   |   |                |        |              | ate. |  | the limited partnership did not receive the prior notice. |                                |                    |                               |
| 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.   | ı <u>.</u>  | GENERAL PARTNE | R INFO | RMATION      | 13.  | <del></del>  |   | ADDRESS CHA                    | ANGES ONLY         | -                             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SIEGFRIED, STEVEN<br>6020 PARADISE POINT DRIVE<br>MIAMI, FL 33157 |                |        |              |      | -ST-ZIP  |   |                                |                    |                               |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  | SIEGFRIED, JULIE<br>6020 PARADISE POINT DRIVE<br>MIAMI, FL 33157  |                |        |              | 1    | EET ADDRESS<br>-ST-ZIP   |   |                                |                    |                               |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |                |        |              |      | EET ADDRESS<br>-ST-ZIP   | 5 <b>U</b><br>07/13/                                      | 1 <b>0:057</b><br>10501054     | <b>+243</b><br>017 | <b>↑5</b><br>**526.25         |
| DOCUMENT ANAME STREET ADDRESS CITY-ST-ZIP   |   |                |        |              |      | -ST-ZIP  |   |                                |                    |                               |
| DOCUMENT #  |   |                |        |              | STRE | ET ADDRESS   |   | <del></del> .                  |                    |                               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |                |        |              | CITY | -ST-ZIP  |   |                                |                    |                               |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |                |        |              |      | -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:  |   |                |        |              |      |  |   |                                |                    |                               |