



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001740						FILED 2005 MAY -9 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PORT PROPERTY, LTD.				Principal Place of Business 300 SE 2ND ST FORT LAUDERDALE, FL 33301			
Mailing Address 300 SE 2ND ST FORT LAUDERDALE, FL 33301							
2. Principal Place of Business		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		01042005 Chg-LP CR2E003 (10/03)		4. FEI Number 51-0493248	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent JONES, PATRICIA 300 SE 2ND ST FORT LAUDERDALE, FL 33301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <i>51A. Filed 639,360.00</i>				10. Amount of Capital Contributions in FLORIDA to date. <i>\$639,360.00</i>			
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 # P03000150107 NAME S/PEB, INC. STREET ADDRESS 300 SE 2ND ST CITY-ST- ZIP FORT LAUDERDALE, FL 33301				STREET ADDRESS CITY-ST- ZIP			
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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: <i>Patricia A. Jones</i> 4/25/05 954/927-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

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