

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

2005 APR 20 AM 8: 22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000990

1. Entity Name
 GABOR LIMITED PARTNERSHIP



Principal Place of Business
 1111 KANE CONCOURSE, SUITE 504
 BAY HARBOR ISLANDS, FL 33154

Mailing Address
 1111 KANE CONCOURSE, SUITE 504
 BAY HARBOR ISLANDS, FL 33154



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
 20-1418918

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A ESQ.
 C/O ROZENCWAIG & FERRERO-CARR
 301 WEST HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$600,000.00

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 #	L04000040835	STREET ADDRESS	
NAME	GABOR HOLDINGS LLC	CITY-ST-ZIP	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 504		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

700054199687
 05/10/05--01015--015 ***555.00

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:  DATE: 4-14-05 Devline Phone #: 305-805-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE