2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

Γ	DOCUMENT # A0400001601							ŗ	ILEU	
	1. Entity Name 105 NORTH FEDERAL, LTD.						2005 APR 22 AM II: 33			
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
ſ	Principal Place of Business Mailing Address									
	2900 UNIVER CORAL SPRIN	RSITY DRIVE IGS, FL 33065		2900 UNIVERSITY DRI CORAL SPRINGS, FL 3						
-	2. Principal Place of Business			3. Mailing Address		<u> </u>				
								6 (BB) BIF IBII BBISI BIBII BBISI BBISI BBISI BBISI BBISI BBISI IIBIB BISII BBIDI 11818		
	Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162005 Chg-LP		CR2E003 (10/03)	
	City & State			City & State			4. FE! Number			Applied For Not Applicable
ł	Zip	Zip Country		Zip Cou		ntry	5 Certificate of Status Desired VV \$8.75 Ad		8.75 Additional	
-	6. Name and Address of Current		Realstered Agent			<u> </u>		Fe	e Required	
ţ	•					7. Name and Address of New Registered Agent Name				
	AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065					Street Address (P.O. Box Number is Not Acceptable)				
ŀ						City	<u> </u>	FL Zip Code		
ŀ	8. The above named entity submits this statement for the purpose of changing its rec				s register	tered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept				
	the obligations of registered agent.									
1	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								DATE	
Ī	9. Capital Contributions as Shown on poord \$7,500.00 in FLORIDA to date					butions				
-									· · · · · · · · · · · · · · · · · · ·	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen									
ļ	12.		INFORMATION	ORMATION 13.			ADDRESS CH	ANGES ONLY		
	DOCUMENT # NAME				STR	EET ADDRESS				
	STREET ADDRESS				CiT	Y-ST-ZIP				
K HERE	DOCUMENT #	CORAL SPRINGS, FL 33065								
	NAME	ST-ZIP MENT #			STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				cm	Y-ST-ZIP	100054200611 			11
	DOCUMENT #				STR	EET ADDRESS				**150.00
	NAME STREET ADDRESS				CIT	Y-ST-ZIP				
	CITY-ST-ZIP									
	DOCUMENT # I				STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP				
	DOCUMENT # NAME					EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP				Cit	Y-ST-ZIP				
	DOCUMENT / NAME				STF	REET ADDRESS				
"	STREET ADDRESS CITY-ST-ZIP				Cit	Y-ST-ZIP				
	14. I hereby of indicated the received	l on this report is true ver or trustee empow	ation supplied with and accurate and t ered to execute this roperties	this filing does not qualify for that my signature shall have report as required by Cha Inc.	or the exe the sam pter 620,	emption stated in S ne legal effect as if Florida Statutes	ection 119.07(3)(i) made under oath;	, Florida Statutes that I am a Gener	I further certificat Partner of th	y that the information ne limited partnership or

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

George Rahael, President 4/15/05 954-753-9500

Date Daytime Phone #