

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAR -7 P 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22132	
1. Entity Name 18100 COLLINS AVENUE SHOPPING CENTER, LTD.	



Principal Place of Business 17100 COLLINS AVENUE SUITE 225 SUNNY ISLES BEACH, FL 33160	Mailing Address 17100 COLLINS AVENUE SUITE 225 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2663220	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KATZ, RAANAN 17100 COLLINS AVE SUITE 225 SUNNY ISLES BEACH, FL 33160		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
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9. Capital Contributions as Shown on record. \$540,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	M27776 R.K. ASSOCIATES #1, INC 17100 COLLINS AVE STE 225 SUNNY ISLES BCH, FL	STREET ADDRESS CITY-ST-ZIP	600048122226 03/10/05--01010--010 **526.25
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STAPLE CHECK HERE

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:	2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #