


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31281</b> 1. Entity Name COUNTY LINE SOUTH PROPERTIES, LTD.					
Principal Place of Business 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301				Mailing Address 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		01062005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0247815	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. ONE SE 3RD AVE., 27TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.    \$2,385,100.00		10. Amount of Capital Contributions in FLORIDA to date    2,385,100.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	S36726 COUNTY LINE SOUTH MANAGEMENT, INC. 450 E. LAS OLAS BLVD., 15TH FLOOR MIAMI, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date    Daytime Phone #</small>					

STAPLE CHECK HERE