


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

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000000867							
1. Entity Name MINTO TOWNGATE LIMITED PARTNERSHIP							
Principal Place of Business 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073			Mailing Address 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0426572			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JOBLOVE, MICHAEL D 8211 WEST BROWARD BLVD. SUITE 310 FORT LAUDERDALE, FL 33324			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: \$10,250,310.00			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 #	V55983		STREET ADDRESS				
NAME	MINTO COMMUNITIES (PEMBROKE), INC.		CITY - ST - ZIP				
STREET ADDRESS	4400 WEST SAMPLE ROAD, SUITE 200						
CITY - ST - ZIP	COCONUT CREEK, FL 330733450						
DOCUMENT #			STREET ADDRESS				
NAME			CITY - ST - ZIP	000000363507 05/05/05-80002-003 526.25			
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CITY - ST - ZIP							
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: <u>Frank Rodgers</u>			GENERAL PARTNER VICE PRES April 22, 2005 (954) 973-4490				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER FRANK RODGERS			Date Daytime Phone #				



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