
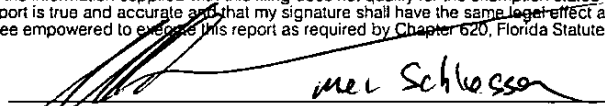


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 MAR 25 AM 9:49

<b>DOCUMENT # A95000000182</b> 1. Entity Name 1244 PENN ASSOCIATES, LTD.					
Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139			Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;">FL</span> 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. <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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 #	P95000009379			STREET ADDRESS	
NAME	1244 PENN ASSOCIATES, INC.			CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVE.				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
DOCUMENT #				STREET ADDRESS	400049887924
NAME				CITY-ST-ZIP	04/05/05--01015--009 **141.25
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: 3/4/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>	

STATE CHECK HERE