


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

**FILED  
Apr 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A95000002018**  
1. Entity Name  
FLORIDA RESORT MANAGEMENT, LTD.



Principal Place of Business: 1677 COLLINS AVENUE, MIAMI, FL 33139  
Mailing Address: C/O MILLER & WEBNER, P.A., P.O. BOX 266947, WESTON, FL 33326-6947



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country

02152005 Chg-LP CR2E003 (10/03)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

4. FEI Number: 65-0649560  
Applied For: Not Applicable

6. Name and Address of Current Registered Agent: MILLER, REBECCA M ESQ., C/O MILLER & WEBNER, P.A., 2442 POINCIANA COURT, WESTON, FL 33327

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$22,900,000.00  
10. Amount of Capital Contributions in FLORIDA to date: \$22,900,000.00

**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 #	P95000096194	STREET ADDRESS	
NAME	FLORIDA RESORT, INC.	CITY - ST - ZIP	
STREET ADDRESS	1677 COLLINS AVENUE		U00000294924
CITY - ST - ZIP	MIAMI BEACH, FL 33139		04/09/05-80008-006 526.25
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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

SIGNATURE: [Signature] 3/25/2005 (954) 385-9030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #