

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 AM 9:42

DOCUMENT # A9600000831				1. Entity Name THE IRA OSTROW FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 8023 FISHER ISLAND DRIVE FISHER ISLAND FL 33109-1049			Mailing Address 8023 FISHER ISLAND DRIVE FISHER ISLAND FL 33109-1049		
2. Principal Place of Business 5024 FISHER ISLAND DR Suite, Apt. #, etc.		3. Mailing Address 5024 FISHER ISLAND DR Suite, Apt. #, etc.			
City & State FISHER ISLAND, FL		City & State FISHER ISLAND FL		4. FEI Number 65-0662042	
Zip 33109-0205		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, BARRY A ESQ. C/O NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., STE 118 N. MIAMI BEACH FL 33160			7. Name and Address of New Registered Agent		
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.			11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.		
SIGNATURE: <i>Barry A Nelson</i>			DATE: 03-12-05		
9. Capital Contributions as Shown on record: \$5,700,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000036689		STREET ADDRESS		
NAME	IRA OSTROW FAMILY HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	5024 FISHER ISLAND DRIVE			400048845874	
CITY-ST-ZIP	FISHER ISLAND FL 33109-0205			03/22/05--01021--010 **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: <i>Barry A Nelson</i>			DATE: 03-12-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE