
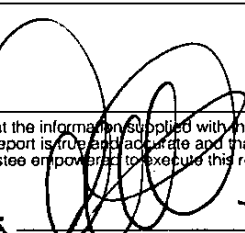


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 21 AM 8:11

<b>DOCUMENT # A97000001766</b>					
1. Entity Name 6555 BUSINESS PARK, LTD.					
Principal Place of Business C/O JAMIE A. DANBURG 7700 CONGRESS AVENUE, SUITE 3100 BOCA RATON, FL 33487			Mailing Address C/O JAMIE A. DANBURG 7700 CONGRESS AVENUE, SUITE 3100 BOCA RATON, FL 33487		
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 65-0779728	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FELUREN, MARK S 2200 NORTH COMMERCE PARKWAY, SUITE #202 WESTON, FL 33326				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00			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 #	P97000070916		STREET ADDRESS	100045696451	
NAME	BUSINESS PARK, INC.		CITY-ST-ZIP	01/31/05-01034-004-**-158.75	
STREET ADDRESS	7700 CONGRESS AVE., SUITE #3100		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			01/13/05 561-997-5777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE