
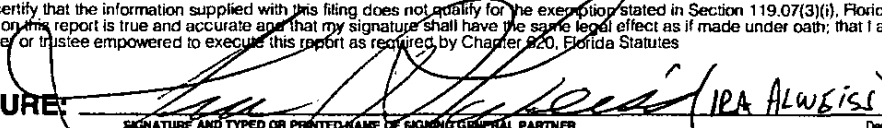


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 21 AM 10:53

DOCUMENT # A97000001885.				
1. Entity Name PACIFIC GROUP, LTD.				
Principal Place of Business 4801 S. UNIVERSITY DR. DAVIE, FL 33328		Mailing Address PO BOX 661169 MIAMI SPRINGS, FL 33166		
2. Principal Place of Business 1920 HALLANDALE BEACH BLVD. Suite, Apt. #, etc. # 602		3. Mailing Address Suite, Apt. #, etc. 03152005 Chg-LP CR2E003 (10/03)		
City & State HALLANDALE FL		City & State		
Zip 33009	Country U.S.	Zip	Country	
6. Name and Address of Current Registered Agent ALWEISS, IRA 4801 S. UNIVERSITY DR. DAVIE, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1920 HALLANDALE BEACH BLVD #602 City HALLANDALE FL Zip Code 33009		
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. \$10,000,000.00		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 #	ALWEISS, IRA	STREET ADDRESS	1920 HALLANDALE BCH. BLVD #602	
NAME	4801 S. UNIVERSITY DR.	CITY-ST-ZIP	HALLANDALE, FLA 33009	
STREET ADDRESS	DAVIE, FL 33328			
CITY-ST-ZIP		STREET ADDRESS	1920 HALLANDALE BCH. BLVD #602	
		CITY-ST-ZIP	HALLANDALE FLA-33009	
DOCUMENT #	ALWEISS, ALAN			
NAME	4801 S. UNIVERSITY DR.			
STREET ADDRESS	DAVIE, FL 33328			
CITY-ST-ZIP				
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NAME				
STREET ADDRESS				
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 820, Florida Statutes				
SIGNATURE: 		3/18/05 305-285-0789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>		

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