


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000626 1. Entity Name 1471 OFFICE BUILDING, LTD.	
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Principal Place of Business C/O SIDNEY GIMBEL 10155 COLLINS AVENUE, SUITE 1907 BAL HARBOUR, FL 33154	Mailing Address C/O SIDNEY GIMBEL 10155 COLLINS AVENUE, SUITE 1907 BAL HARBOUR, FL 33154
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2. Principal Place of Business <i>10225 COLLINS AVE</i>	3. Mailing Address <i>10225 COLLINS AVE</i>
Suite, Apt. #, etc. <i>APT # 501</i>	Suite, Apt. #, etc. <i>APT # 501</i>

04182005 Chg-LP CR2E003 (10/03)

City & State <i>BAL HARBOUR, FL</i>	City & State <i>BAL HARBOUR, FL</i>
Zip <i>33154</i>	Zip <i>33154</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 65-0911672	Applied For Not Applicable
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6. Name and Address of Current Registered Agent LEVINE, ALAN W ESQ. 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-top: 10px;"> FL Zip Code </div>
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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. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date. <i>400,000</i>	
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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 # P97000081520 NAME A.G. ELITE CORP. STREET ADDRESS 10155 COLLINS AVENUE, PH 7 CITY-ST-ZIP BAL HARBOUR, FL 33154	STREET ADDRESS <i>10225 COLLINS AVE - APT 501</i> CITY-ST-ZIP <i>BAL HARBOUR, FL 33154</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 700054036407 CITY-ST-ZIP 05/09/05--01012--006 **\$26.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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: *A.G. Elite Corp Sidney Z Gimbel Pres* Date: *4/18/05* Daytime Phone #: *305-866-9842*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER