

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 9:04

DOCUMENT # A99000000892

1. Entity Name
ALLISON HOLDINGS, LTD.



Principal Place of Business
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

Mailing Address
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

2. Principal Place of Business

3427 North Moorings Way
Suite, Apt. #, etc.

3. Mailing Address

3427 North Moorings Way
Suite, Apt. #, etc.



01062005 Chg-LP CR2E003 (10/03)

City & State
Coconut Grove FL

City & State
Coconut Grove FL

4. FEI Number
65-0923516

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

6. Name and Address of Current Registered Agent

BERMONT, PETER L
1 SOUTHEAST 3RD AVENUE, SUITE 2950
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Peter L. Berrmont

Street Address (P.O. Box Number is Not Acceptable)
3427 NORTH MOORINGS WAY

City COCONUT GROVE FL Zip Code 33133

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,248,294

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

DOCUMENT # P99000049232
NAME ALLISON HOLDINGS, INC.
STREET ADDRESS 1 SOUTHEAST 3RD AVENUE, SUITE 2950
CITY-ST-ZIP MIAMI, FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3427 NORTH MOORINGS WAY
CITY-ST-ZIP COCONUT GROVE, FL 33133

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/05 305-648-3711
Date Daytime Phone #

STAPLE CHECK HERE