2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Mar 23, 2005 08:00 AM Secretary of State

DOCUMENT # B9700000117						Secretary of State			
1. Entity Name BROWARD INTERNATIONAL COMMERCE PARK, LIMITED PARTNERSHIP									
Principal Place of Business		Mailing Address C/O DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE, NO. 25							
TROY, MI 48		TROY, MI 48084] 				
2. Principal Place of Business		3. Mailing Address)	1111 1 111 11 111 111 111 111 111				
Suite, Apr. #, etc.		Suite, Apt #, etc.		03172005	Chg-LP	CR2E003	3 (10/03)		
City & Stat	ė	City & State		4. FEI Number 38-3336			Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate o	Status Desired		3.75 Additional e Required	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and A	ddress of New F	Registered Ag	ent	
REGISTER	REGISTERED AGENTS OF FLORIDA, LLC								
100 SE 2ND ST., STE. 3500 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
8. The shove	8. The above named entity submits this statement for the purpose of changing its				yed office at registered egent, or hoth in the State			niliar with and accent	
	tions of registered agent.	-	• 10 100			, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.		··. · · · · · · · · · · · · · · · · · ·	•	·	DATE		
9. Capital Contributions as Shown on record. \$12,350,000.00 In FLORIDA to a				butions	ıs				
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY N	UST BE REGIST	ERED AND AC	TIVE WITH TH	IIS OFFICE.		
12.	NOTE: General Partners M GENERAL PARTN	ER INFORMATION	13.		r mast na thea	ADDRESS CH		<u>er. </u>	
DOCUMENT #	F92000000668 DANTO INVESTMENT COMPA		STR	EET ADORESS				<u>,</u>	
STREET ADDRESS	1700 STUTZ DRIVE, NO. 25 TROY, MI 48084	uvi	ст	-ST-ZIP			<u> </u>	<u></u>	
DOCUMENT #	11XO1, WI 40004		STR	EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP			CITY	'- ST-ZiP			 ,,,,		
DOCUMENT #			STR	EET ADDRESS		U00000 03/23/05-	273803		
NAME STREET ADDRESS (CITY-ST-ZIP			спу	'-ST-ZIP		<u> </u>	<u> </u>	<u> 11 5/15-/5</u>	
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DOCUMENT #			STR	EET ADDRESS		<u>,,, , , , , , , , , , , , , , , , , , </u>			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
14. I hereby of indicated the receiv	certify that the information supplied wi on this report is true and accurate an ver or trustee empowered to execute	th this filling does not qualify of that try signature shall he his report as required by C	y for the exe ave the sam hapter 620,	mption stated in Sø e legal effect as if m Florida Statutes	ction 119.07(3)(i), lade under oath; t	Florida Statutes. hat I am a Genera	I further certify al Partner of the	that the information e limited partnership o	

JAMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

DANTO