

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

*Jen Crotty*  
*pays \$535.00*

<b>DOCUMENT # A93000001338</b> 1. Entity Name <b>TEAL POINTE ASSOCIATES, LTD.</b>					
Principal Place of Business <b>2828 CORAL WAY, PENTHOUSE SUITE</b> <b>MIAMI, FL 33145</b>			Mailing Address <b>2828 CORAL WAY, PENTHOUSE SUITE</b> <b>MIAMI, FL 33145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number <b>65-0405978</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <b>\$662,477.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	A93000001337		STREET ADDRESS		
NAME	RELATED/GMN TEAL, LTD.		CITY-ST-ZIP		
STREET ADDRESS	2828 CORAL WAY PENTHOUSE SUITE		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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: <i>Angel Hernandez</i>			<b>ANGEL HERNANDEZ</b> <b>VICE-PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER</small>			Date <i>3/15/05</i> (305) 460-9900		



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 DIVISION OF CORPORATIONS  
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