
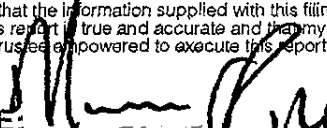


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001698					
1. Entity Name THE EMERALD COAST EMPORIUM LIMITED PARTNERSHIP					
Principal Place of Business 2333 BRICKELL AVENUE, D-1 MIAMI FL 33129			Mailing Address 2333 BRICKELL AVENUE, D-1 MIAMI FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0782310 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVID, MARY ANN ESQUIRE 2333 BRICKELL AVENUE, D-1 MIAMI FL 33129			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. \$250,000.00		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 #	P97000059926		STREET ADDRESS	1100000365679	
NAME	THE EMERALD COAST EMPORIUM, INC.		CITY-ST-ZIP	05/11/05-80011-010 526.25	
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1				
CITY-ST-ZIP	MIAMI FL 33129				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
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 620, Florida Statutes					
SIGNATURE: 			Norman S. Rosen		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/25/05 305.859.4900		
			Daytime Phone #		

STAPLE CHECK HERE