
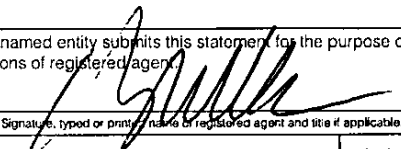
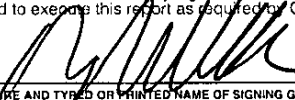


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A92000000167					
1. Entity Name 1350 EAST 18 STREET, LIMITED PARTNERSHIP					
Principal Place of Business 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH, FL 33141			Mailing Address 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH, FL 33141		
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 65-0374862	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURKEN, HYMAN 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name: ROBERT W. TURKEN Street Address (P.O. Box Number is Not Acceptable): 108 4th Terrace Dillido Island City: Miami Beach FL Zip Code: 33141		
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: 4/21/05					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00		
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 #	P92000011957		STREET ADDRESS	108 4th Terrace	
NAME	JAROB BROOKLYN, INC.		CITY-ST-ZIP	Dillido Island, Miami Beach FL 33141	
STREET ADDRESS	6650 SHEFFIELD LANE, LAGORCE ISLAND				
CITY-ST-ZIP	MIAMI BEACH, FL 33141				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	100054918561	
NAME			CITY-ST-ZIP	05/20/05--01049--011 **141.25	
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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:  DATE: 4/27/05 (305) 350-2281					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE