
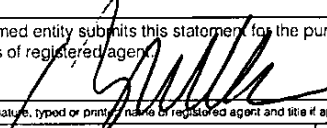
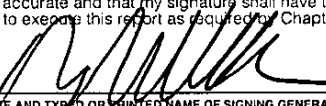


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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		4. FEI Number 65-0374862	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TURKEN, HYMAN 6650 SHEFFIELD LANE LAGORCE ISLAND MIAMI BEACH, FL 33141			Name ROBERT W. TURKEN		
			Street Address (P.O. Box Number is Not Acceptable) 108 4th Terrace		
			Dilido 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		
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P92000011957 JAROB BROOKLYN, INC. 6650 SHEFFIELD LANE, LAGORCE ISLAND MIAMI BEACH, FL 33141		STREET ADDRESS	108 4th Terrace	
			CITY-ST-ZIP	Dilido Island, Miami Beach FL 33141	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	100054918561 05/20/05--01049--011 **141.25	
			CITY-ST-ZIP		
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			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS 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)(f), 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) 350-2881		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE