


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

FILED
2005 APR 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001165
1. Entity Name
180 HIBISCUS LIMITED PARTNERSHIP



Principal Place of Business
9559 HARDING AVE.
SURFSIDE, FL 33154

Mailing Address
9559 HARDING AVE.
SURFSIDE, FL 33154



2. Principal Place of Business
1784 West Avenue
Suite, Apt. #, etc. Suite Bay 4
City & State Miami Beach, FL
Zip 33139 Country USA

3. Mailing Address
1784 West Avenue
Suite, Apt. #, etc. Suite Bay 4.
City & State Miami Beach, FL
Zip 33139 Country USA

01142005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0154159 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LATOUR, DANIEL
9559 HARDING AVE.
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent
Name Latour, Daniel
Street Address (P.O. Box Number is Not Acceptable) 1784 West Avenue
Suite Bay 4
City Miami Bch FL Zip Code 33139.

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. 15875

**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 #	P99000070891	STREET ADDRESS	1784 West Avenue Ste Bay 4
NAME	MIAMI EXPERT PARTNERS, INC.	CITY-ST-ZIP	Miami Beach, FL 33139
STREET ADDRESS	9559 HARDING AVE.		
CITY-ST-ZIP	SURFSIDE, FL 33154		
DOCUMENT #		STREET ADDRESS	600054927276
NAME		CITY-ST-ZIP	05/23/05--01004--010 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Daniel Latour*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____