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2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

2005 APR 22 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000353		
1. Entity Name COSTA DORADA, LTD.		

Principal Place of Business 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD., SUITE 262 NORTH MIAMI, FL 33181
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0992425	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		7. Name and Address of New Registered Agent	
GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$8,594,429.00	10. Amount of Capital Contributions in FLORIDA to date. 8587193.40
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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 #	L00000002235	STREET ADDRESS	11900 Biscayne Blvd. Suite 262
NAME	COSTA DORADA, LLC	CITY-ST-ZIP	N. Miami, FL 33181
STREET ADDRESS	12550 BISCAYNE BLVD., SUITE 215		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: 4/6/05	Daytime Phone #: 305 891 3331
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STAPLE CHECK HERE