


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

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000482					
1. Entity Name SINGER FAMILY INVESTMENTS, LTD.					
Principal Place of Business 1000 WEST ISLAND BLVD., APT. 1609 WILLIAMS ISLAND NORTH MIAMI BEACH FL 33160			Mailing Address 1000 WEST ISLAND BLVD., APT. 1609 WILLIAMS ISLAND NORTH MIAMI BEACH FL 33160		
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 65-1015468				Applied For <input type="checkbox"/> Not Applicable	
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		
SINGER, JOSEPH A 1000 W. ISLAND BLVD., #1609 AVENTURA FL 33160			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$210,000.00		10. Amount of Capital Contributions in FLORIDA to date. 210,000.00			
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 #	NAME		STREET ADDRESS		
NAME	SINGER, ANN D		CITY-ST-ZIP		
STREET ADDRESS	1000 WEST ISLAND BLVD., APT. 1609				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SINGER, JOSEPH A		CITY-ST-ZIP		
STREET ADDRESS	1000 WEST ISLAND BLVD., APT. 1609				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160				
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Ann D. Singer</i>			Date: 4/12/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # (305) 932-3605		



1ST MOORE CR2E003 (10/04)

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