2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2005** DOCUMENT # A0000000496 2005 APR 11 AM 9: 28 INTRACOASTAL ISLES APARTMENTS ASSOCIATES. SECRETARY OF STATE LTD. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O MILLENNIUM REALTY ADVISORS C/O MILLENNIUM REALTY ADVISORS 900 SE THIRD AVE., STE #201 900 SE THIRD AVE., STE #201 FORT-LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 1215 S.E. 2" Avenue 3. Mailing Address 1215 S.E. 2 Nd AUCHUL Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-LP CR2E003 (10/03) 50, E 201 Suite 201 City & State FOCH LANDCROPEG City & State 4. FEI Number Applied For FORT LANDONANCE 65-0997553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Keuir Coffey COFFEY, KEVIN Street Address (P.O. Box Number is Not Acceptable) C/O MILLENNIUM REALTY ADVISORS 900 SE THIRD AVE., STE #201 FORT LAUDERDALE, FL 33316 FORT LANDONDARE 8. The above named entity subreacting 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. 4-6-00 SIGNATURE Signatura, typed or printed runne of regis 9. Capital Contributions \$1,700,000.00 10. Amount of Capital Contributions in FLORIDA to date 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L00000003125 DOCUMENT # 215 S.E. 2" AUCHOC, Suite 201 STREET ADDRESS MRA INTRACOASTAL ISLES ASSOCIATES LLC NAME STREET ADDRESS 900 SE THIRD AVE., STE #201 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL-33316 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-ZIP 700054040287 05/09/05--01019--011 **526.25 L'OCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY_ST_7IP CITY-ST ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-SINZIP

14. Thereby certify that the information supplied with this Hing 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 except this report as required by Chapter 620, Florida Statutes

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-6-01