

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

2005 MAY 10 10:00 AM

DOCUMENT # A00000000673

1. Entity Name
SAWGRASS GATEWAY CENTER, LTD.



2005 MAY -9 P 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**300 SE 2ND STREET
FORT LAUDERDALE, FL 33301**

Mailing Address
**300 SE 2ND STREET
FORT LAUDERDALE, FL 33301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1003469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, PATRICIA
300 SE 2ND STREET
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

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. **\$5,064,148.32**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 5,617,421.01**

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 #	P00000039690	STREET ADDRESS	
NAME	SAWGRASS GATEWAY CENTER, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 SE 2ND STREET		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	400054199954
NAME		CITY - ST - ZIP	05/10/05--01012--017 **526.25
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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: *Rocco Ferrera* **4/28/05** **954-627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE