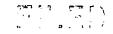
## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005



	DOCUMENT # A0000000673  1. Entity Name SAWGRASS GATEWAY CENTER, LTD.						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 34301  Mailing Address FORT LAUDERDALE, FL				33301					DIJI I <b>Breb</b> iki <b>r</b> i di 1 <b>30</b> 1
	Principal Place of Business 3.			. Mailing Address						
	Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			01042005	Chg-LP	CR2E003	(10/03)
	City & State			ity & State			4. FEI Number 65-10034	469		Applied For Not Applicable
	Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			
F	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
l.	JONES, PATRICIA					Street Address (P.O. Box Number is Not Acceptable)				
	300 SE 2ND STREET FORT LAUDERDALE, FL 33301			i						
						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 the obligations of registered agent.									niliar with, and accept
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								DATE	
	9. Capital Contributions as Shown on record. \$5,064,148.32 10. Amount of Capital Coin FLORIDA to date.				al Contrit ate. <b>4</b> 5	outions 5, 617, 45	21.01			
Ì	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.									
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	DOCUMENT # NAME	P00000039690 SAWGRASS GATEWAY CENTER, INC.			STRE	ET ADDRESS		···-		
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						-ST-ZIP				
	14. I hereby certify that the information subplied with this filling 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 its report as required by Chapter 620, Florida Statutes									
	SIGNAT	URE:	PED OR PRINTED	PO CCO		rrerg	4/28/0	S 9		7-13 %