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

## FILED May 16, 2005 08:00 AM Secretary of State

3	DOCUMENT # A0000000686  1. Enity Name FRIEDMAN PROPERTIES, LTD.				May 16, 2005 08:00 A Secretary of State			
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	Principal Place of Business 3991 GULF SHORE BLVD., NORTH, PH-101		Mailing Address 3991 GULF SHORE BLVD., NORTH, PH-101					
	NAPLES, FL 34103 NAPLES, FL 34103					FANNI ARVIT ARVIT ARVIN ARVI	<b>                                    </b>	
	2. Principal Place of Business		3. Mailing Address					
	Suite, Apt. #, etc.		Suite, Apt #, etc.			02162005	Chg-LP	CR2E003 (10/03)
	City & State		City & State		· ·	4. FEI Numbe 59-3642		Applied For Not Applicable
	Zip	Country	Zip	Coun	itry	1	of Status Desired	\$8.75 Additional Fee Required
		6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	
	5811 PEL	WHITE BOGGS BANKER PA ICAN BAY BLVD., SUITE 6001 FL 34108			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							
i	Signature, typed or or Inted name of registered eigent and (title il applicable.						}	DATE
	9. Capital Contributions as Shown on record. \$20,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$20,000,000.00							
Ì	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment					ERED AND A	CTIVE WITH THE	S OFFICE.
Í	12. GENERAL PARTNER INFORMATION 13.				t mat be med	ADDRESS CHA		
	DOCUMENT / NAME	P00000041433 FRIEDMAN PROPERTIES, INC. 3991 GULF SHORE BLVD., NORTH, PH-101 NAPLES, FL 34103		STRE	ET ADORESS			
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	indicated	4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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						

Harvey S. J. I & M au SIGNATURE AND TYPED STPRINTED NAME OF SIGNING GENERAL PARTNER