2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

NING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A0000001318** 1. Entity Name 05 MAR -9 AM 8:51 ROUSSEAU FAMILY LTD. Principal Place of Business Mailing Address 5100 N. FEDERAL HIGHWAY STE. 409 5100 N. FEDERAL HIGHWAY STE. 409 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address 800 W. CYPRESS CREEK RD 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CB2E003 (10/03) Cha-LP SUITE 470 SUITE 470 Applied For City & State 4. FEI Number City & State 65-1035349 Not Applicable FORT LAUDERDALE, FL <u>FORT LAUDERDALE, FL</u> Zip Zip \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 33309 33309 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEGEL LARRY Street Address (P.O. Box Number is Not Acceptable) 800 W CYPRESS CREEK RD, STE 470 FT. LAUDERDALE, FL 33309 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 Signature, typed or printed name of registered agent and title II 9. Capital Contributions 10, Amount of Capital Contributions \$480,000.00 \$480,000.00 as Shown on record. 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. DOCUMENT # STREET ADDRESS NAME PULITZER, LIZA D STREET ADDRESS 710 SOUTH COUNTRY RD CITY-ST-7IP CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # STREET ADDRESS 500048499365 MCCLUSKEY, LILLIAN P 76/05--01011--004 STREET ADDRESS 710 SOUTH COUNTRY RD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # STREET ADDRESS NAME ~ PULITZER, PETER M 710 SOUTH COUNTRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # STREET ADDRESS CHIEF ADMINISTRATIVE OFFICER LEGEL, LARRY NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., #470 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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