

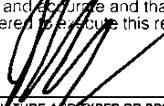


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A00000001870 1. Entity Name LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP					
Principal Place of Business 3790 SOUTH PARADISE ROAD SUITE 140 LAS VEGAS, NV 89109			Mailing Address 4000 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33146		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. Suite 700			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1063089 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01252005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent FERRARO, JAMES L 4000 PONCE DE LEON BLVD. SUITE 700 CORAL GABLES, FL 33146				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,175,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$12,325,000.00			
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 # P00000112058 NAME LAS VEGAS PROFESSIONAL FOOTBALL, INC. STREET ADDRESS 4000 PONCE DE LEON BLVD., SUITE 700 CITY-ST-ZIP CORAL GABLES, FL 33146				STREET ADDRESS CITY-ST-ZIP 100052294961 04/27/05--01001--017 **2285.00	
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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: 		James L. Ferraro		January 27, 2005 (305) 375-0111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

\$535.00