


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00752</b>			
1. Entity Name <b>PARK TOWERS ASSOCIATES, LLLP</b>			
Principal Place of Business <b>390 N.W. 2ND STREET MIAMI FL 33128</b>		Mailing Address <b>390 N.W. 2ND STREET MIAMI FL 33128</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>59-1113387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KISLAK, JONATHAN I 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES FL 33016</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 Instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$50.00</b>	10. Amount of Capital Contributions 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	<b>KISLAK, J. I.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>7900 MIAMI LAKES DR.W.</b>		
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>		
DOCUMENT #		STREET ADDRESS	<b>U00000295037</b>
NAME	<b>FINE, MARTIN</b>	CITY - ST - ZIP	<b>04/09/05-80011-024 141.25</b>
STREET ADDRESS	<b>58 SAMANA DR.</b>		
CITY - ST - ZIP	<b>MIAMI FL</b>		
DOCUMENT #	<b>G00270900043</b>	STREET ADDRESS	
NAME	<b>P.P.J. PARTNERSHIP</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>7900 MIAMI LAKES DR. W.</b>		
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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: <i>Martin Fine</i>	<b>3-17-05</b>	<b>305-789-7710</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date Daytime Phone #		

STAPLE CHECK HERE