
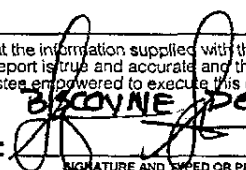


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | | | |
|--|------------------------|---|-----------------|
| DOCUMENT # A01000000166 | |  | |
| 1. Entity Name BISCAYNE DESIGN, LTD. | | | |
| Principal Place of Business 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 | | Mailing Address 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 | | 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 _____ | |
| Signature, typed or printed name of registered agent and title if applicable | | | |
| 9. Capital Contributions as Shown on record. \$335,000.00 | | 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 # | P01000010954 | STREET ADDRESS | |
| NAME | BISCAYNE DESIGN, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 1632 PENNSYLVANIA AVE. | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| 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)(f), 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:  | | V. Pres. 3/1/05 (305) 931-8700 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date | Daytime Phone # |



01252005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1081014 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE