

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

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

<b>DOCUMENT # A01000000166</b>					
<b>1. Entity Name</b> BISCAYNE DESIGN, LTD.					
<b>Principal Place of Business</b> 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139			<b>Mailing Address</b> 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252005    Chg-LP    CR2E003 (10/03)	
<b>4. FEI Number</b> 65-1081014				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ROBINS, CRAIG 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		\$335,000.00	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P01000010954	<b>NAME</b> BISCAYNE DESIGN, INC.		<b>STREET ADDRESS</b>		
<b>STREET ADDRESS</b> 1632 PENNSYLVANIA AVE.	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33139		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>	1000000333406	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>	04/27/05-80001-019 526.25	
<b>DOCUMENT #</b> 	<b>NAME</b> 		<b>STREET ADDRESS</b>		
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<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>V. Pres. 3/1/05 (305) 931-8700</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #</small>					

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