2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

DOCUMENT # A0100000711 1. Entity Name 200 EAST LIMITED									2005 APR 22 AM II: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065					mātās esas dain dāksi dāk	n 88m 88m 8		
-	2. Principal P	at Place of Business			3. Mailing Address								
}	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01202005	Chg-LP	CR2E	003 (10/03)		
	City & State	e			City & State	е			4. FEI Number 65-1116898			Applied For Not Applicable	
	Zip	Country			Zip Countr			ry	5. Certificate	of Status Desired	X	\$8.75 Additional Fee Required	
	2900 UNIV	6. Name and Address of Current I MERATEL, INC 200 UNIVERSITY DRIVE ORAL SPRINGS, FL 33065				Na			atal Inc (P.O. Box Numbe	Address of New Fer is Not Acceptable y Drive			
- - - -	8. The above named entity submits this statement for the currose of changing its return the obligations of registered agent. Ameratal, Inc SIGNATURE Signature, hyped or printed name of registered defint and title if applicable. 9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital in FLORIDA to date							d office or registratel, Pres				familiar with, and accep	-t
İ		A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST B NOTE: General Partners MAY NOT be changed on the form; an ar											
	12.	,		GENERAL PARTNER INFORMATION						ADDRESS CH			
	1 1		AL, INC.	5. F			STREE	ET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP		VERSITY D PRINGS, F				CITY-	ST-ZIP					
	DOCUMENT / NAME						STREE	ET ADDRESS					
-	STREET ADDRESS CITY-ST-ZIP	TY-ST-ZIP				сп			90	900054200559 05/10/0501020011 **15			
STAPLE CHÈCK HERE	NAME				:		ET ADDRESS	00/10		011	***1517.00		
	STREET ADDRESS CITY-ST-ZIP						CITY-	ST-ZIP					
	NAME STREET ADDRESS	:					STREE	ET ADDRESS					
	CITY-ST-ZIP						CITY-	ST-ZIP					
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP							ST-ZIP				<u> </u>	
	DOCUMENT #						STREE	et address					
	STREET ADDRESS CITY-ST-ZIP						слу-	ST-ZIP					
	14. I hereby of indicated	certify that the control on this repo	ne information ort is true and	supplied with accurate and	n this filing does i I that my signatur	not qualify for re shall have t	the exer	nption stated in S legal effect as if	Section 119.07(3)(made under oath	i), Florida Statutes. ; that I am a Gener	I further ce al Partner c	ertify that the information of the limited partnership	or

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes George Rahael, President 4/15/05 954-753-9500

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

Date