

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

DOCUMENT # A01000000775			
1. Entity Name ROSEN MYRTLE BEACH, LTD.			
Principal Place of Business 2333 BRICKELL AVE. SUITE D-1 MIAMI FL 33129		Mailing Address 2333 BRICKELL AVE. SUITE D-1 MIAMI FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2005 MAY -2 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-1109939 APPLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQ. 2333 BRICKELL AVE. SUITE D-1 MIAMI FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

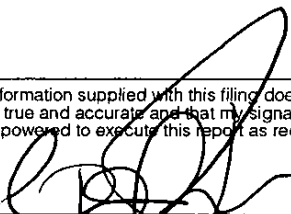
9. Capital Contributions as Shown on record.	\$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000008958	STREET ADDRESS	
NAME	CDR-ROSEN MYRTLE BEACH, LLC	CITY-ST-ZIP	
STREET ADDRESS	2333 BRICKELL AVE.		
CITY-ST-ZIP	MIAMI FL 33129		
DOCUMENT #		STREET ADDRESS	700055204197
NAME		CITY-ST-ZIP	05/24/05--01085--002 **438.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:



Clifford D. Rosen

4/25/05

305.859.4900

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER)

Date

Daytime Phone #

STAPLE CHECK HERE